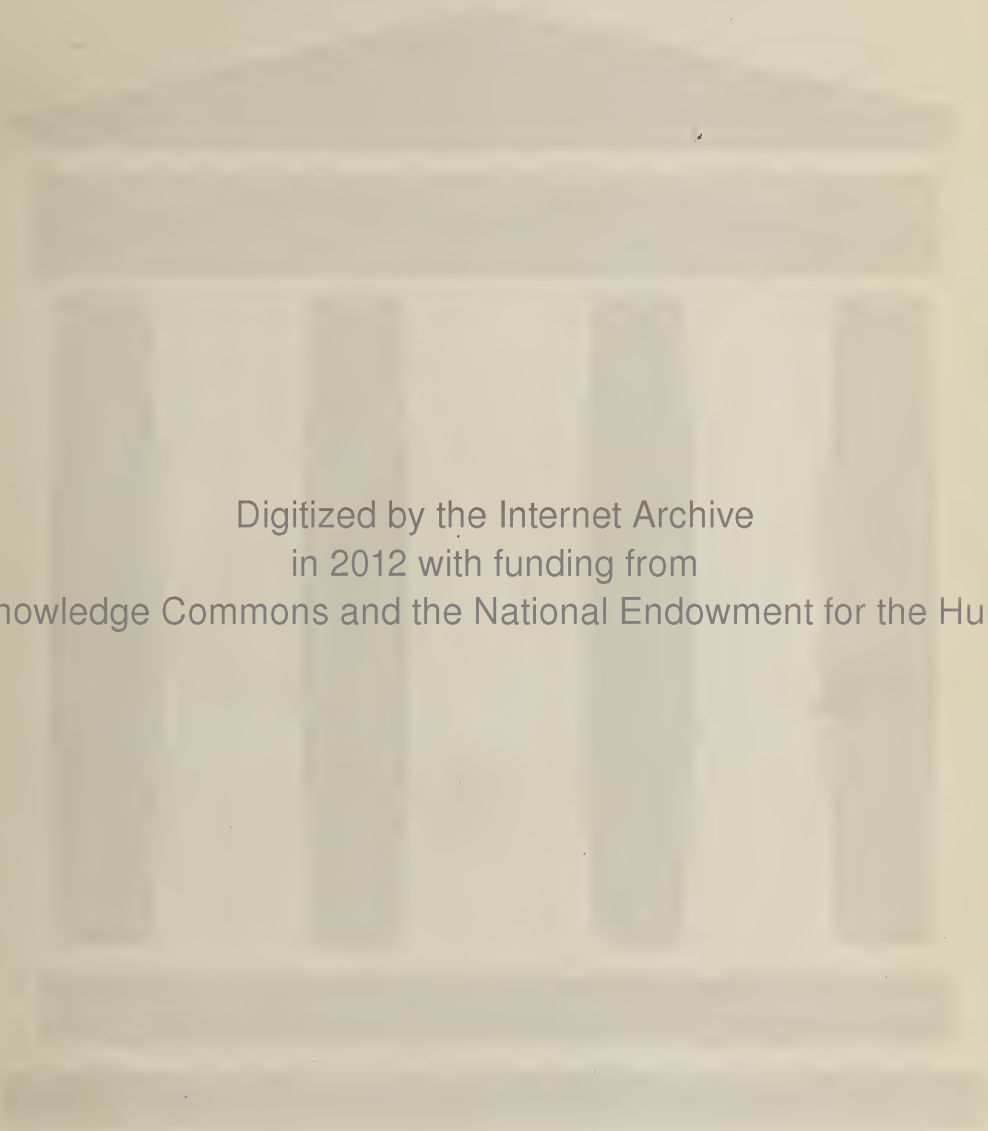


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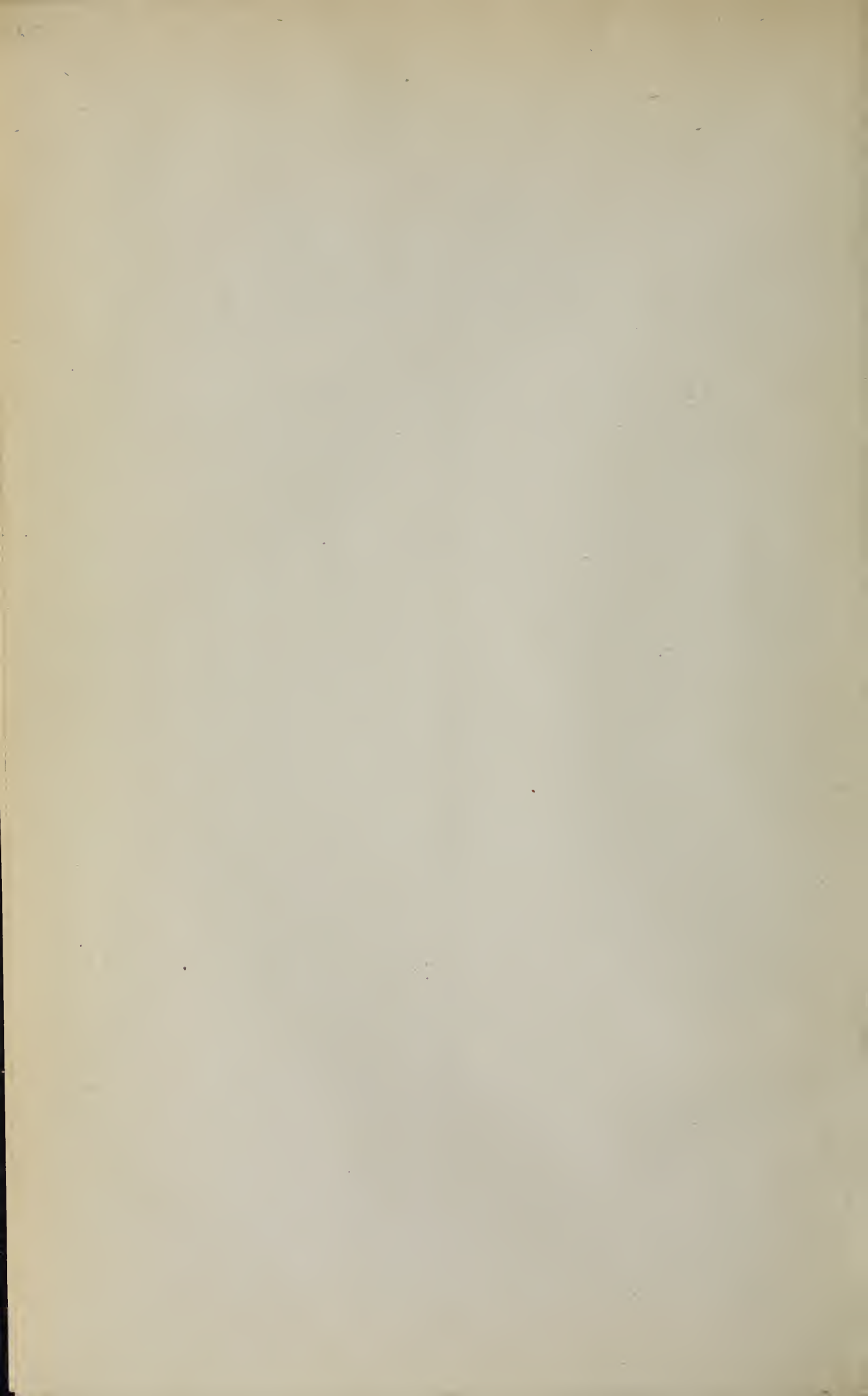
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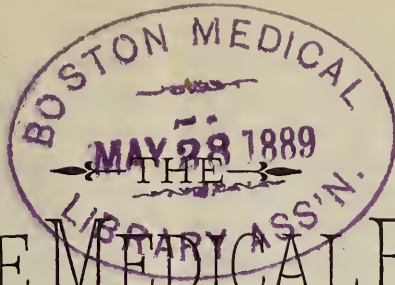
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# IOWA STATE MEDICAL REPORTER.

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No. 1.

## ORIGINAL ARTICLES.

### CONCUSSION OF THE SPINAL CORD.

BY C. H. PRESTON, M. D., DAVENPORT.

Case—J. W. L., aged 19, single, member of Co. B., 2d regiment, I. N. G., was injured August 15, 1883, at Fairfield, Iowa, by a blanket-tossing at the hands of comrades of Co. A, on the occasion of the annual encampment of the Guards. On August 18, I saw him at his boarding place in this city, whither he had been carried from the train the evening before. He complained of a constant, quite severe pain in the lower dorsal region, with a feeling of great weakness. There was no paralysis present, no marked local tenderness nor altered surface sensibility, and the mind seemed in no wise affected. The patient was a slight built, light-complected youth, of a rather excitable, nervous temperament, but previous to this injury had never suffered from any nervous affection. He was cheerful and bright, and gave the following history of his mishap. Being seized from behind by his facetious friends, he was thrown into the blanket and tossed twice into the air, the second time coming flat to the ground on his back from a height of some six or eight feet. He felt a tingling sensation, succeeded by numbness, but soon arose to his feet, thinking he was not hurt. Three or four hours later, however, he noticed a dull pain across the lower part of the back. Returning to his tent he slept pretty well that night but felt lame the next day, and kept quiet till evening, when he joined his regiment

in dress parade. His back got very weak, but not painful, and he again slept well at night. On Friday, the 17th, the weather being quite hot, he joined in a grand parade through the principal streets of the town, during which he felt some pain in the back but did not suffer from heat. After stacking arms in the park, and while strolling about with some of his companions, he suddenly sank to the ground with a feeling as if his back were broken, and became unconscious for a short time. On coming to he seemed to have no power to so much as move a finger or open his eyes, though perfectly aware of all that was said and done about him. He was soon revived, however, by stimulants, and conveyed to the train to return with his company. The treatment prescribed was absolute quiet with rest in bed, a mild initial cathartic—the bowels being confined—potassium bromide as required for sleep and counter-irritation to the spine. In a fortnight he had so far improved as to be up and about, although instructions as to rest, etc. had been only partially observed. On returning from a walk about this time, he was taken with a sudden, sharp pain in the back of the head, and fell violently to the floor, where he lay unconscious and as if dead for some five minutes. This attack was repeated four or five days later, and soon seldom a day passed without one or two tumbles. Any extra excitement or exertion sufficed to induce them, but often when talking, reading, or walking, and not in the least excited, the sharp occipital pain would take him without warning and he would fall unconscious to the ground.

On September 22, Dr. W. W. Grant



was called in consultation, and reasoning that these semi-spasmodic unconscious spells, were probably due to vaso-motor disturbance—inhibition, dilatation, and consequent medullary congestion—we decided to continue a sedative course combined with alteratives and counter-irritation. A mixture containing *na. br.*, 20 grs., and *ka. io.*, 5 grs., per dose, was prescribed to be taken after meals with an ergotine pill, 3 grs. *t. i. d.* This medication was continued until some time in December, save that after a time the dose of the mixture was doubled, and the ergot reduced to one pill on retiring. The patient could not be induced to submit to renewed vesication, and, although better for a few weeks, the improvement soon ceased. He grew nervous and irritable; everything and everyone about him annoyed him; the weakness in his back increased; his appetite failed; and he became petulant, despondent and miserable. The "misty, cloudy" feeling seemed to deepen, and his falling spells—averaging about one every second day—from which at first, he could get right up and go about as usual, now left him in a depressed, hysterical state, lasting often for half a day. Marked photophobia developed, requiring the use of smoked glasses while in the sunshine, and he was unable to read for any length of time, or to distinguish an acquaintance across the street. Following the stage of total unconsciousness in his attacks, there now developed an intermediate state of horrible sensations and imaginings, as, for instance, that melted lead was being poured into his brain, or that he was to be consigned to an insane asylum. Under the influence of these ideas he would struggle and bite, tear his hair, and seek to dash his head against the ground. He was much troubled with insomnia, and would wander restlessly about with a peculiar stiff, erect bearing, supporting himself with a cane. From a very courteous and pleasant youth he became irritable, passionate, and almost unmanageable, his persistent mental unrest putting physical quietude out of the question. In the latter part of November he was taken to the home of his sister in Raton City, New Mexico, but did not improve. He grew even

more irritable than before, and a continuous dull occipital was added to the persistent lumbar pain. The severer hysterio-epileptoid (?) attacks, however, would now sometimes alternate with milder ones—fits of weakness only—without loss of consciousness. In December I decided, with Dr. Grant's concurrence, to adopt a purely tonic course, feeling convinced that spinal anæmia was perpetuating the trouble. The patient was placed on a combination of iron, quinia, and strychnia and soon began to improve. He now consented to a series of fly blisters in the cervical and lumbar regions at the hands of his local physician, Dr. Shuler, who kept them discharging for about a month.

Since the middle of March his condition has been markedly better, although he has never quite regained the health enjoyed preceding his injury. The falling spells since then have been wholly replaced by occasional attacks of sudden weakness without loss of consciousness, or with, at most, a simple faint. His sleep, appetite, and digestion are good; he is cheerful, ambitious, and hopeful, but he still lacks strength, and the pain in his back has not wholly disappeared. There is a tender spot over the last lumbar spine, with considerable hyperæsthesia throughout the whole dorsal region, most marked in the near vicinity of the seat of pain. There can be little question, I think, that the depressed, irritable, semi-hysterical condition of the patient has been caused by anæmia of the cord, while the unconscious falling spells were due to relaxation of the habitual vaso-motor spasm, permitting sudden medullary congestion.

Concussion of the cord without gross lesion requires great care in diagnosis. The "railroad spine" and "litigation symptoms" have justly come to be viewed with distrust. And not only malin-gering but neuromimesis must be carefully guarded against in these cases. Sprains, bruises, or ruptures of ligament or muscle may give rise to pain in the back and other symptoms often ascribed to concussion; or some form of gross lesion such as fracture, dislocation, hemorrhage, or tearing of nerve trunk or cord may exist undetected. In each case a care-



ful and methodical examination should be made, a close study of sensibility, motility, reflex, vaso-motor, trophic and functional disturbances before diagnosing organic disease. Page of London, in his recent work on "Injuries of the Spine and Spinal Cord without Apparent Mechanical Lesion," holds that cases of serious, uncomplicated concussion are very rare, and calls attention to the great tendency to unconscious or conscious exaggeration of symptoms. Erichsen, whose interesting work on this subject takes rank as a classic, gives a vivid clinical description which I may be pardoned for presenting, much condensed, in connection with the case above detailed.

In simple concussion, he says, we have a history of some violent jar or jolt, which, although productive of no appreciable lesion, doubtless alters the functional integrity of the cord much as a blow may affect a magnet. The initial giddiness and confusion are followed by a state of unusual calm and self-possession which, in its turn, when the sustaining excitement of the hour has passed, is followed by an emotional revulsion. The next day the patient feels stiff and bruised, and, in a few days or weeks, finding himself unequal to his accustomed tasks, he is forced to seek medical aid. Weeks, and even months, may lapse before the more positive and serious symptoms set in, but at no time—and this is a point to which especial attention is called—is there a return to the full normal standard of previous health either physical or mental. The patient looks ill and worn, and is very easily fatigued, while his symptoms grow more and more confirmed as time wears on. His countenance is usually pallid, his memory defective, thoughts confused, will enfeebled and vacillating, temper fretful, and sleep disturbed. His head is giddy, throbbing or heavy. There are often loud and incessant noises—roaring, rushing, singing, etc.—in his ears. Asthenopia, photophobia, *muscæ volitantes*, and various subjective spectra, harass him. His sharpness of sight and hearing, one or both, may be affected—either lessened or increased. Taste and smell, too, may be perverted or lost, though they are not likely to be disturbed. There is rarely an impairment of speech,

but touch and the sense of weight may suffer. The bearing is usually stiff and erect, and motion constrained. There are usually one or more painful spots along the spine, in the lower cervical, middle dorsal, or lumbar regions. The gait is characteristic, resembling that of partial inebriation, the patient usually steadying himself with a stick and keeping his feet somewhat apart. One leg, usually the left, is often weaker than the other and is apt to give way if subjected to the entire weight of the body. The patient can walk for a short distance only, and loses both grip and balance if he attempts to ride a horse. He may suffer from diaphragmatic spasm, hiccough, and sense of constriction about the waist. There may be motor or sensory impairment, one or both, but especially the former, and especially in the extensors of the lower limbs; but there is seldom any complete paralysis, and the incipient paraplegia, when present, is much less apparent when the patient is lying down. Coldness of an extremity, either subjective or actual, due to defective nutrition, may be complained of. Sexual desire and power may be greatly impaired, but neither paralyzed sphincters, ammoniacal urine, nor priapism result from simple concussion. In the latter stages the skin is apt to be cold and clammy, and the pulse weak, irregular and rapid.

The development of symptoms, as a rule, is gradual and insidious, with many deceptive remissions and times of seeming improvement. There is first lassitude with inability to discharge accustomed tasks; then pains, tinglings, and numbness in the limbs; then rigidity of spine with fixed pain; then mental confusion with other cerebral symptoms; then impairment of the senses, and more or less loss of motor power.

Such is concussion resulting in *inflammation*—meningitis, myelitis, or more often both—the clinical features varying with the predominance of one or the other. More or less cerebral is generally associated with spinal meningitis, and a local softening of the whole or a part of the thickness of the cord, with consequent paralysis, etc., is apt to follow as the sequel to myelitis.

But a concussion whose effects stop



short of inflammation, may yet give rise to a disabling state of disease, perhaps through a disturbance of the molecular arrangement of the nervous matter of the cord, or more probably through a decrease of its blood supply by a disturbance of the vaso-motor action of the sympathetic, a theory which the frequent co-existence, in these cases, of palpitations, emesis, etc., would seem to favor spinal anæmia—the name given to this non-inflammatory and never fatal condition—is given in accordance with a clinical inference only, and the term may prove to be a misnomer; but the diseased state which has been so named is an entity very often observed. It is apt to be associated with functional paralysis, or paresis, more often affecting the lower limbs; electric excitability is lessened or lost in the affected muscles; the skin is pallid and cold, with, perhaps, large anæsthetic tracts; there may be incontinence or retention of urine, together with “globus” or other hysterical symptoms; there is no rigidity nor wasting of the powerless muscles, and their recovery is often rapid. Local spinal tenderness or pain, increased by pressure or motion, is a constant and prominent symptom, also, cutaneous hyperæsthesia extending more or less widely from the dorsal median line. The pain and sensitiveness may disappear when the patient’s mind is diverted, but this fact, while it shows them to be dependent at times on the mental state, by no means, of necessity, argues fraud. Nervous shock may be physical or mental; if the latter, its after symptoms, should any be produced, are of a hysterical nature. This emotional state is apt to end with the termination of the anxiety and uncertainty attending legal proceedings, but it would be unwise and often unjust to conclude that it is, of necessity, under the control of the patient’s will, or that it is a matter of but little importance. The presence of hysteria, as a rule, indicates the absence of inflammation in these cases, but it is in itself an actual and serious departure from health.

As to prognosis, the occurrence of an interval of several weeks, or longer, between the receipt of the injury and the development of spinal symptoms is very

unfavorable, indicating a slow and progressive decadence. When chronic meningo-myelitis has existed for a year or more, complete recovery is not to be expected. On the other hand, if the emotional, the hysterical, or hypochondriacal element has been prominent from the beginning, the prognosis is good.

As to *treatment*, in the primary stage, diffusible stimulants, warm drinks, hot fomentations, sedatives, and rest in bed are indicated. The after treatment must be governed by the nature of the symptoms—whether *inflammatory* or *anæmic*. If the former, *rest*—absolute, complete, and continuous, and preferably in the prone position, so as to avoid both pressure and stasis, is of the very first importance, but it is an indication most difficult to meet in these cases where the cord alone, and not its osseous envelope, is affected. The patient’s restlessness, and a deceptive temporary improvement from change of scene and air, make him impatient of control. Rest of mind, too, which is equally imperative, is often equally unattainable; and sleep, which is very important, is often hard to procure. Chloral hydrate and the bromides are more effective than the opiates as a rule. Blisters and other derivatives applied to the spine are of use, and, in the latter stages, potassium iodide and mercuric bichloride—but not if the paralysis be probably due to softening rather than pressure. In spinal anæmia, on the other hand, a nutrient, tonic course—iron, quinia, strychnia, phosphorus, with mild out-door exercise and recreation, should replace the alteratives, bromides, and rest appropriate to the inflammatory condition. Such a tonic course, together with anodyne embrocations, and perhaps ice, or the continuous galvanic current to the spine, may do much toward restoring the shattered nervous health.

**RESORCIN FOR THE RELIEF OF PAIN.**—Andeer finds that although resorcin has no benumbing effect upon the normal human skin, yet it has very decided analgesic properties in painful affections of the skin or mucous membranes. He also gives it internally in colic, cardialgia, and painful affections of the larynx, in increasing doses of one to ten gm. and also in the form of clysters (thirty per cent solution), with satisfactory result.—*Philadelphia Med. Times*.



## THE SUMMER CLOTHING OF INFANTS.

BY W. D. MIDDLETON, M. D., DAVENPORT.

[Read before the Scott County Medical Society, July 3 and August 7, 1884.]

One of my earliest medical ideas, absorbed, I think, from Williams in his wonderful "Principles of Medicine," was one which reflected upon the differences between the diseases of the tropics and of the temperate zones, or the like differences between those of the temperate zones in the two opposite seasons of the year—winter and summer. In following the author, we were called upon to observe how the winter season, with its low temperature, produced acute internal congestions and inflammations like our pleurisies and our pneumonias—like bronchitis, nephritis, etc., by, probably, the simple intropulsion of blood from the surface of the body, in violent and sudden shock upon delicate and highly vascular structures like those bearing the diseases mentioned. On the other hand, the summer season was marked by the prevalence of ailments regarding which we could be induced to reason in almost *inverse* manner, viz., that high external temperature, inviting a free and sometimes furious circulation in the superficial tissues of the body, deducted from the normal amount of fluid in internal viscera and produced lack of action in them in their various functions, and so disease. Every one of you has probably admired the same reasoning in the same or some other author, and has applied the theory included in such reasoning to the relief of disease. You have all probably attempted to invite into the skin a free rush of blood for the purpose of relieving an internal congestion, and you know that one of the most common of domestic medical ideas is that one of curing a cold by a profuse sweat; or you have all probably attempted, with all kinds of modes of superficial cooling, to relieve the victim of sunstroke (this latter, however, an illustration open to several objections). You have all certainly noticed the great prevalence of disorders of the digestive tract in the summer, have all reasoned about the cause of such conditions much as has been indicated, and

have all, I think, proceeded upon some such notion in your treatment of such conditions. For instance, you have generally regarded the indigestion as requiring, *firstly*, such a change in food as shall ensure little draft upon the digestive force, and so give the tissues concerned as much rest as possible; *secondly*, the administration of such remedies as were known to stimulate the nervous and vascular supply of the digestive tract; and, *thirdly*, such a mode of life, temporarily, as should prevent the heating of the surface of the body and the subtraction of any large amount of blood from the alimentary canal. To be sure you have been called upon to treat *inflammatory* processes in the same tissues (no more, however, in the summer than the winter, perhaps, if one excepts the large intestine), but these are later stages of what we are now considering, and, let us say, mostly averted by skillful treatment.

At this point I can begin to say what I intended regarding the summer clothing of our babies. There seems to be a traditional inclination in almost all mothers (a gentle hint of progress comforts me in adding in *all grandmothers*) to swathing infants in flannels, to applying that material to their delicate skins directly, and to wrapping them generally in a thickness of woolen or other material to a degree which would speedily ruin any healthy adult in very short order. I don't know where to place the credit for the flannel idea in mothers' minds (and one fears to investigate for fear he will find the medical profession at the bottom of the mischief), but my observation leads me to say that the notion is very widely spread and very difficult of eradication. I think it ought to be eradicated—I feel certain that every one of you sees great suffering and considerable mortality ensue from this use of woolen wraps in our heated term, and I believe that often any medical measures you may adopt in many infantile diseases are constantly thwarted by this injudicious irritation and poulticing of the infant's skin. "Horrid" is a feeble word to apply to some degrees of the practice which one sees among our foreign population, and it is a common experience to most of you probably to have to throw aside a small



feather-bed from an infant's cradle and substitute a light sheet, at several successive visits, before you can convince the anxious mother of some young Teuton that sudden death need not necessarily follow such a proceeding. I know that much vexation has been my lot from such circumstances. Now I don't profess to be "posted" on the effects of woolen clothing, but I had always supposed human experience to have resulted in collating facts enough about such effects as to lead one to say these things. For instance, did we desire to uniform a body of men intended for marching and laboring, exposed to the direct rays of our summer sun, and the kind of material was in question; one could say without hesitation, woolen. Because the sun's rays encounter a non-conductor, and especially if it be light-colored are they moderated, because in the many changes of temperature to which these men might be exposed, it would average much better than any other one thing for steady wear, and because its peculiar "downy" (I can't think of a better word) surface keeps the surface of the skin active, and, by capillary attraction, removes perspiration almost as rapidly as it is formed, effecting a sensation of dryness and comfort. But did we, on the other hand, wish to clothe men for work of in-door character, upon whom the direct rays of the sun never came, and whose labor was of some very light kind, with equal promptness I think it could be said, "No woolen goods in summer, unless it be of the most gauzy material, next to the skin, and let the external clothing be of linen or cotton." Now to which class do the conditions of the infant's life most nearly coincide? Manifestly the latter, for its life is one of almost continual rest, and it is protected from direct sun rays. Should not its clothing, then, during our summer approximate that of the latter class? I think it should. Two things will be strongly argued against any such change in fashion: *First*, that the infant is endowed with a small heat-producing force and requires this woolen aid to maintain his temperature. An answer to that might be like this, that there can be nothing affected by flannel in the way of *producing* heat, it can simply *conserve* heat

by preventing its dissipation into surrounding air of lower temperature than the body, and if the body temperature be only 98° and a fraction at the normal, many of our summer days present a temperature at which no such dissipation would go on even if the body were completely unprotected by clothing of any sort. A child with absolutely no heat-producing capacity would lie in its cradle with its temperature normal on a summer day when the thermometer stood 99° in the shade, of course. And, really, it is only in weather whose temperature approaches that figure within ten or fifteen degrees, that the flannel fiend claims his victims.

*Second.* That many sudden changes occur in our summer, and that flannel is necessary because irremediable colds are sometimes induced suddenly in infants for want of sufficient warmth in their covering. Which is tantamount to saying and which might be so answered, that a man ought to wear his overcoat during warm weather lest he might be overtaken with a sudden depression in the thermometer in August which would make a winter coat a necessity. But it is scarcely worth while for me to advance arguments *against* this side of the question—they will perhaps be numerous.

I am asked to produce some authorities on the matter.

Parke's Hygiene, article on clothing, says: "Compared with cotton and linen, wool absorbs twice as much water by weight and four times as much by surface. After exercise, woolen material is good, for vaporization from the surface continues and in wool it is again condensed and the latent heat of vaporization returned to the surface. Texture has nothing to do with protection against heat—color only. The fibres of wool, by washing, become smaller, harder and less absorbent."

Buck's Hygiene and Public Health, article on clothing, says: "A woolen garment, as flannel, by its innumerable points or capillary projections, keeps up a continual excitement of the skin, which, in those in whom this organ is sensitive, amounts to irritation. Cotton stuff imbibes moisture much less readily than linen, and those of wool and silk are

*still less hygroscopic.* (See how worthy of confidence teachers are who can make such a mistake as that). Linen, it is safe to say, should never be worn next the skin unless under certain circumstances where undue sensitiveness of the skin renders its employment necessary. Gauze underwear can be procured of so light weight that there is no excuse for its abandonment even in the heat of summer. It takes up the perspiration, prevents clamminess of the skin, and guards against sudden chilling of the surface after profuse perspiration. While due changes in weight and thickness of underclothing may be made in accordance with the changing seasons, care must be taken that they are not premature. It is better to suffer from an excess of clothing than to change rashly and run the risk of contracting disease."

There's another sentiment that ruins this book as a teacher. How could a man suffer from an "excess of clothing" for safety who was afraid of being premature about changing in October? And I *know* that many more colds are contracted by keeping on winter underwear in spring, and so getting unduly heated and then cooled, than are ever contracted by an opposite course.

Another authority, Foussagroie, in speaking of the use of flannel in France (with a climate much like ours, at least in summer), says: "There has been much discussion of the utility of the flannel vest in our country. It has been reproached with keeping the skin constantly at a lukewarm temperature, with maintaining upon it a constant moisture which enervates it, which destroys its activity and renders it more susceptible to cold. It certainly favors the production of maladies of the skin by preventing the exhalation of these excrementitious materials which pour through it, and thus keeping it constantly in an impure atmosphere. There are certainly serious objections to this part of the clothing."

Smith, on Diseases of Children, in speaking of clothing, says: "I advise leaving the belly-band on a child for the first year or eighteen months. It should be of flannel during the winter months, and of light merino in hot weather. If

excoriations or "prickly heat" occur under the band in hot weather it may be best to substitute a linen or soft muslin band in place of merino. Clothing protects the body according to its thickness, and the feebleness of its conducting power, of heat. Woolens, fur, and feathers, from their low conducting power, must be the articles to be worn in winter, while cotton, and in still greater degree, linen, are active conductors of heat, allowing it to escape quickly from any part of the body which it covers, and they are therefore the proper materials for summer clothing."

These were the only works attainable containing any allusions to clothing—several works on children making no reference to the subject—and, as you see, there may be said to be no positive verdict pro or con elicited from them.

I wrote to Dr. Littig, at Blockley Hospital, Philadelphia, asking him for some ideas of the practice there among the public nurseries, and he kindly took the trouble to furnish me some opinions of the teachers thereabouts, as well as to give me notes of the hospital rules as to clothing. I read from the original manuscripts:

PHILADELPHIA, PA., July 16, 1884.

*Dear Doctor:*—Yours of the fifteenth received to-day. As a rule a thin flannel shirt can be worn by infants during the summer in this climate. Yet often here the temperature may be so hot, that for a few hours the infant is better not only without its under shirt, but almost without any clothes. I do not think one can make any absolute rules upon the subject, the clothing depends so much upon the day, the hour, the place, the individual; and hard and fast lines cannot be drawn. Make an infant comfortable, and you secure it best then from disease. I agree with you as to babies being cruelly, even wickedly, too heavily clothed in hot weather. Pardon this brief reply; we may have an opportunity one of these days to talk over the matter together.

Sincerely, THEO. PARVIN, M. D.

JULY 17, 1884.

*My Dear Doctor:*—In regard to the questions contained in your note of the fifteenth, which by the way has just been received, I would say:



*First*—Infants even in summer should have their legs, abdomen, chest, and upper arms covered with flannel. The thickness of the garments varying of course, with the temperature, the very lightest in July, August and September, a degree heavier for May, June and October, and the thickest for the winter months. It is possible in this and other large cities to obtain drawers and shirts of light, medium and heavy texture. These should be used according to the season.

*Second*—During the hot days of summer the child should have nothing but a thin slip over the flannel undergarments and at night may sleep in a thin night-gown only. Children of the poorer classes are generally, as you suggest, over-clad.

The answer to your third question is contained in what I have already written. Please let me know if I can be of any further service to you. Yours most truly,

LOUIS STARR.

NEWPORT, R. I., July 17, 1884.

*Dear Doctor*:—There is nothing about which the current practice differs more. I think the thinnest gauze merino (containing a little wool) or light knitted shirts are best for immediate contact with the skin during summer for infants. Having this, the outer clothing may be very light, and certainly there is much injury often done by using so many or such heavy clothes as to keep up perspiration, oppress and weaken the child, interfere with free respiration, and thus predispose to colds of more serious nature. But great care and tact are needed.

Yours truly, WM. PEPPER.

1504 WALNUT ST., July 17, 1884.

*Dear Doctor*:—In reply to yours I would say that in this climate I *always* advise a thin gauze flannel undershirt on infants, very thin in summer of course. If it irritates the skin I order it to be placed over a linen shirt. I always also require an extra flannel belly-band for warmth with pressure. Yours very truly

J. M. KEATING.

BLOCKLEY, July 20 1884.

*Dear Preceptor*:—In Blockley the following is the custom: In winter all infants wear flannel. In summer all wear a light grade of merino next the skin except those very weak and anaemic, who are clothed with flannel. About two

hundred and forty births per year. Owing to the fact that so many infants inherit syphilis, and as many, most all, are bottle-fed, the death rate is rather high. But the weak syphilitic, etc., are clothed with flannel and usually die. The more healthy, as I said, are dressed in light merino and usually live. Sincerely yours,

L. W. LITTIG.

PHILADELPHIA HOSPITAL, July, 1884.

*Dear Doctor*:—This morning I called on the resident physician at the children's hospital. In reply to my question he said: "In winter all our children are dressed with flannel next the skin; about the fifteenth of June or July 1, as soon as warm weather sets in for good, the flannel is taken off and a light muslin or gauze undershirt is substituted." As the resident is an acquaintance of mine, and as I had taken a private course in the same hospital during the past winter, he kindly volunteered to show me through the wards that I could see for myself. I examined the clothing worn by the children, six or seven of them, and found no flannel but muslin on all of them. This hospital now contains over sixty little patients, and all seem far more rosy and healthy than one would expect to find in a hospital. Some day I will send you the diet list of this hospital that you may see how the best medical authority in this town feeds sick children. Respectfully yours,

L. W. LITTIG.

BLOCKLEY, July 20, 1884.

*Dear Preceptor*:—I send you an extract from a letter written me by Dr. Jessie F. Bell, resident physician Children's Nursery and Hospital, Staten Island, New York. She writes: "Our new born infants are dressed in a binder of light flannel, worn for three months, no shirt. A long-sleeved, high-necked garment of very light flannel over the binder, and over this a cotton garment. The night attire is the same minus the cotton garment. After the seventh month no flannel next the skin in summer." About one hundred and fifty births per year in this institution. Respectfully yours,

L. W. LITTIG.

Dr. Farquharson, secretary of our own state board of health, writes: "My opinion is that flannel, especially as commonly washed, irritates the skin, and in infants, encourages if it does not produce, diar-

rhœa, and in summer time should be replaced by cotton. Its great hygroscopic power (being by weight, twice, and by surface, four times that of cotton) is the cause of its greatest injury to the skin of children."

"See Trousseau as to how too much bed-clothes at night produce diarrhœa.

"Clipping horses cures them of catarrh and renders them less liable to this affection."

The remarks of Trousseau cited by Dr. F. call attention to the superabundance of bed-clothing having frequently been, in his experience, the cause of a morning diarrhœa, which he likens to a profuse perspiration in its causation; that is, produced by an effort of the body at increased elimination on account of increased waste produced by heat. It is difficult to coincide exactly with him in this theory of causation, but the fact remains that too warm covering will produce this diarrhœa.

This ends my small stock of authorities which you wished me to consult. You see there is diametrically opposite opinions, and as far as rules for conduct can be gleaned from what has been read, it is a case of "paying your money and taking your choice." But there is a positive answer, it seems to me, to the question as to whether flannel should or should not be used next the skin of infants in our summer weather.

On the affirmative side in our authorities is the statement that it "absorbs perspiration" and is therefore necessary. But you never find very young children perspiring abundantly enough to require a spongy material for such a purpose. Their perspiration is almost always a very slight amount of moisture. They do no hard work like an adult and they are seldom exposed to the direct rays of the sun. If you can produce free perspiration in them it is only by your absurd wrapping of them in winter clothing.

One of our authorities, Dr. Starr, recommends having flannel of light, medium and heavy texture, the first to be worn in July, August and September, the second for May, June and October, and the thickest for the winter months. Now

to say nothing of the impracticability, in the majority of our families, of having on hand so many varieties of material, one begins to doubt if this kind of thing isn't practically a giving up of flannel anyway, for the "finest" of our gauzes probably contain an amount of wool which is only microscopic, and owe all their utility as garments at all to the cotton which they contain.

The necessity for flannel next the skin on account of sudden changes in our weather is imaginary. A garment of cotton is intrinsically as warm next the skin as any other, and it is very easy for the nurse, in any sudden depression of the thermometer, to add to the *external* clothing of the child. This course is certainly open to much fewer objections than one in which a different sort of "gauze" had to be produced and applied, as any one can see. Then, precisely why a poor child should be pestered with a flannel binder from twelve to eighteen months of its life, drawn so as to produce pressure on the abdomen, as the authorities require, no one of you can scientifically answer.

The thing is another evidence of the fact that "the voices are few, but the echoes many," and only shows how prone we are to imitation and how little pure observation we indulge in for ourselves.

We laugh at the Spaniard with his wooden plow, and with his sack of corn on one side and his stone on the other side, of a mule. We laugh at the swaddling clothes of our European friends, who make a veritable mummy of an infant, as if it were to be put up anti-septically, but this binder business is as bad as either, and veritable stuff and nonsense. Any tyro can tell you that the baby breaths mostly in movements of the abdominal walls, his is the true "abdominal type" of respiration, and you try to make a cold-blooded animal of him by impeding his oxygen inhalation with your pressure. He needs no pressure any more than you do.

On the negative side a volume might be written. I can't do it, but I know these things to be true. On many skins, even in winter, the contact of flannel produces an eruption often called "flannel



itch," which may become aggravated into a veritable eczema. On many more skins, in our summer weather, the variety of lichen called commonly "prickly heat" is very rapidly brought out by a few days of warm weather, with such flannel contact, and is kept there through all the summer months by such contact. You can often see the parts of the body covered with woolen material the site of the eruption, and none on the parts uncovered. The skin seems actually boiling under the influence of those "capillary projections" on the flannel, which one of our authorities speaks of. The tender skin of infants is peculiarly prone to this form of eruption. The irritation of "teething" is acknowledged to be destructive; *this* is often worse; and now let the conditions supervene which were spoken of in the beginning of this paper, let the digestive organs fail for a moment in their duty, for lack of blood which is being called to the skin, let a sudden drain of fluids from the blood take place and the nervous shock is tremendous. In my opinion the brain symptoms which close the scene in fatal cases, are as much the result of heat (as in sun-stroke with its paralyzing effect on nerve) as of the choleraic symptoms which generally attract our attention more powerfully. It happens to every one of you to see a case of this kind immediately improve upon the advent of cool or cooling weather, and it has happened too often to me to see marked amelioration of symptoms like these follow speedily upon substitution of muslin for flannel garments, for me to have any doubts as to the propriety of such a step. Should the child survive the cholera infantum shock, the chronic gastro-enteritis left requires much patience in its treatment, as you all know, and any burden like an irritation of the skin makes a dreadful addition to the asthenic tendencies. There should be nothing but cotton worn during *that* struggle, I think. Then, statistics show, in the tables of infant mortality, that diseases, of the digestive organs carry off about twenty-five per cent, and disease of the brain about twenty per cent of all the infants that die. From these causes, aggregating nearly half of all the infant

deaths, by far the greater majority die, as we know, during the months of summer, and it is fair to say the majority of these die in some such manner as the infant we have supposed above. At least let us say, a great many children die in these months from excessive heat acting upon the digestive and cranial organs. Will a coating of flannel next the skin add to the chances of destroying the infant by causing irritation of the skin, and by preventing cooling of the surface. There is no doubt of this? Then *this I know*: If you can adduce in favor of flannel only a few meager points of doubtful merit as, the avoidance of evil from sudden changes, the absorption of perspiration, which need not exist, and the necessity for preventing dissipation of heat in a body which has low heat-producing power—when the temperature is so high that heat would remain if no clothing were worn, you take an immense risk when you counsel an army of mothers untrained to observation to use so dangerous a weapon without any question. Somehow your teachings have fastened themselves upon the mothers of the land till one finds himself disobeyed constantly in injunctions about this wool, and wonders why error seems so blindly worshipped. Would it not be wiser, since this substance may be accused of keeping the skin surrounded by an impure atmosphere, of enervating it, of rendering it more susceptible to the influence of cold, of destroying its secreting power, and causing the development of many of its maladies, to say nothing of its being a great additional burden to suffering infancy in our summer heats, to counsel nurses to discard it from June to September as a material for inside garments, and to rely upon external wrappings and their changes in the sudden changes incident to our climate? Surely it would.

There is a Pagan mythological personage whose name always occurs to me, when cholera infantum is rife and the mercury stands in the nineties, as a fair name for children's flannels, and his name is Moloch.

Parke, Davis & Co.'s Urinary Test Papers excel all others.



## SOCIETY REPORTS.

### KEOKUK, IOWA, MEDICAL SOCIETY.

KEOKUK, June 16, 1884.

PRESENT: Drs. Payne, Scroggs, Jenkins, Tate, Davis, McDonald, North, Kinnaman, Maxwell, and Hughes.

Minutes of last meeting read and approved.

Dr. Jenkins reported case of young lady with bug in her ear, was humming and annoying her. Examined ear with speculum, had her lie on lounge and poured speculum nearly full of sweet oil to fill meatus. It proved to be an ant, which was removed alive. The young lady was picking cherries and the ant fell in her ear.

Reported also a case of child who had a bean in its nose. Removed by closing other nostril and blew strongly in child's mouth, blew it out clear across room.

If meatus completely closed it is easy to blow foreign body out, and is better than the use of emetics.

Dr. Scroggs stated that to control hemorrhage in case of epistaxis; take condom and slip over catheter and pass down through posterior nares, fill with cold water and tie. When you wish to remove it untie and let out water.

Dr. Davis mentioned case of chorea, man, nineteen, mere marked on right side and leg. Movement violent, used mild current and general galvanization, applied central galvanization next day, and gave alternative treatment, Fowler's solution five drops three times per day, and increase to ten drops three times per day. After five or six days was able to resume work. Had an attack a year ago.

Dr. Jenkins, stated the question of chorea was important, and that it was a very cureable disease between age of five and fifteen; remove cause. Use arsenic, iron, and Fowler's solution. Good diet, gentle exercise, quiet. After trying all methods I now use Fowler's solution after meals, and effervescing citrate of iron before meals. Have used electricity. Prognosis of above case, fear that he may become a confirmed choreic, as he had an attack a year ago.

Dr. Davis stated that the man used tobacco in excess.

Dr. Jenkins used ordinary faradic current.

Dr. North stated that faradic current seemed to increase the difficulty, and that galvanic current does better.

Dr. Tate stated that most cases of chorea he had met were associated with rheumatism, agrees with Dr. Jenkins. Arsenic first, in rather large doses, strichnia is also valuable.

Galvanic current of value in some cases. If rheumatic case use salicylate of sodium.

Dr. Payne reported case of child, tried Fowler's solution for three weeks without improvement, then gave black cohosh, concentrated tincture. Child improved rapidly.

Dr. McDonald stated case of boy who undertook to get on hand car while in motion, head was struck by handle, and pressed against platform breaking nose. Was standing up when his father got to him, was conscious when I reached him, seemed badly hurt, but did not seem dangerous. Called consultation and fixed up nose best we could, left him in seemingly comfortable condition. Saw carriage of brother physician there next day, and did not go in.

Dr. Payne heard, that the family and friends supposed that child died from hemorrhage.

Dr. Maxwell stated, child died about four A. M. next morning. Party said child was choking, and was dead when I reached the house. The child appeared rational, and stayed so until about three A. M., and then probably had a spasm. Died probably from intra-cranial hemorrhage. Handle of car goes within five inches of the platform, and the handle forced head down and struck across nose.

Dr. Maxwell reported curious case of reflex action. Lady said had some difficulty in swallowing, felt as if morsel of dry bread was sticking half-way between throat and stomach; gave some astringent and directed her to use fluids; she grew worse until could not swallow even water, seemed to be a spasm; all her teeth were badly decayed; she had some pain running down. Took out twenty-two teeth and roots; she then

sat down and drank some coffee and took some bread and milk; spasm entirely relieved and had no further trouble. Was not a hysterical subject. The trouble lasted several days and grew gradually worse. Did not attempt to pass tongue.

Reported case of dysentery taken violently with griping and discharge from bowels; some blood; soon changed into regular bloody stools with tenderness over bowels; gave sedatives and opiates with some calomel and bismuth, and followed with oil, followed with twenty-five grains ipecac and fifty tincture opium. Relieved tenesmus and tenderness; stools changed; gave quinine, beef tea, and milk, pulse came down to eighty, tongue cleaning, bowels soft and flat, bloody discharge ceased. Saturday morning had pain in back; pulse one hundred and twelve to one hundred and fifteen, face pinched, feeble pulse, gave brandy, milk, and beef tea, some bloody discharge but not much, some fecal matter, very little tenderness; discharge followed taking the beef tea. Suggested council which was deferred; in evening more feeble, sent for consultation, course of treatment continued with ammonia, no benefit; died Sunday night at ten P. M. No signs of perforation. Gave injection of starch and acetate lead and tincture opium. The kidneys acted promptly and satisfactory throughout, was conscious up to last hour.

Dr. Jenkins has seen a few cases of dysentery which were easily controlled.

Dr. Maxwell stated that in one of the cases the sanitary surroundings were very bad.

Dr. North had several cases resulting favorably, uses saline treatment, wash out bowels, then gave camphor and opium after each passage. If any return gave salin again.

Dr. Jenkins uses saline to start with combined with dilute sulphuric acid and deodorized tincture of opium, quinia and tonics, rest and restricted diet. In aggravated cases use larger doses of ipecac.

Dr. Maxwell did not understand why his case should die. Had ipecac, stools and but very little tenderness and tympanites, no history of perforation, no expression of pain. Does not understand the relapse. Had indication of approach-

ing death from Saturday forenoon. Had seen cases that went straight along to death without yielding to anything. Usually easily relieved. Use sulphate magnesia for saline, give calomel and Dover's powders and then follow with saline. Have used all sorts of treatment.

Dr. North uses saline, sol. citrate magnesia or phosphate, and give until watery discharge showing no blood or mucus, then arrest with camphor and opium.

Dr. Maxwell said sulphate magnesia and small doses tartar emetic is a good remedy in severe cases.

Dr. Jenkins said the ipecac treatment had resulted favorably in his hands.

Dr. Scroggs does not use astringents; gives ipecac, opium, and bismuth, if early, gives few small doses of calomel and follows with soothing treatment. Believes astringents not indicated.

Dr. North has treated cases successfully with one one-hundredth grain corrosive sublimate.

Dr. Jenkins stated that no one line of treatment would answer for every epidemic.

Dr. Maxwell stated that injection of nitrate silver with counter irritation over sacrum had been used by some with success.

Dr. Jenkins thinks most epidemic types of dysentery contagious about the same as typhoid fever.

Dr. Payne stated probably endemic, thick shade about houses predisposes to it, those free from shade escaped.

Dr. Tate asked if they were treating epidemics of dysentery without quinine.

All use quinine.

Subject for next meeting: Essay by Dr. Maxwell on Traumatic Hemorrhage and Hemostatics.

Moved that Dr. North present paper on so-called arterial sedatives.

Adjourned to meet at Dr. Jenkins' office July 7.

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## CENTRAL DISTRICT MEDICAL ASSOCIATION.

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CARROLL, June 17, 1884.

At the regular annual meeting of the Central District Medical Association of Iowa, held at Carroll, June 17, 1884, the following officers were elected for the



ensuing year: Dr. Chas. Enfield, president; Dr. R. R. Williams, vice president; Dr. A. A. Deering, secretary and treasurer.

Drs. G. A. Stuart, of Scranton, and L. R. Sale, of Glidden, were elected members. A. A. DEERING, M. D., *Sec.*

### SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, August 7, 1884.

Stated Meeting.

Society met at the Academy of Science at eight P. M., with a goodly number in attendance.

After the transaction of some routine business, Dr. Middleton called the attention of the society to the circular issued by the state board of health, July 1, 1884, respecting burial permits.

After some discussion a motion of Dr. Cantwell's was recorded to the effect that the members of the society would comply and encourage its fulfillment, if adopted by the county authorities.

Dr. Tomson spoke of the propriety of this society appointing a committee to take action for the prevention of the spread of cholera if said disease should make its appearance in our community.

Considerable discussion ensued regarding the object and duties of such a committee. Finally it was agreed that much good could be done by prompt action in establishing hospitals, and advising and enlightening the people through the papers especially, the sanitary laws, and all in fact which would pertain to the welfare of the people.

The committee consists of Drs. Cantwell, Bracelin, and Middleton, who are authorized to work conjointly with the board of health and report at proper times their transactions to this society.

Dr. Middleton concluded the reading of his essay on the subject of Summer Clothing of Infants, part of which he read at the July meeting.

A vote of thanks was given the doctor for his able paper; and motions for its reception and publication in the REPORTER were made.

The sentiments manifested in the free

discussion of the essay were in harmony with those of the essayist.

D. P. MAXWELL, M. D., *Sec.*

### MITCHELL COUNTY MEDICAL SOCIETY.

DOUGLASS' FORD, July 16, 1884.

THE Mitchell County Medical Society celebrated its twenty-third semi-annual session on Wednesday, July 16, 1884, by a picnic, at Douglass' Ford, on the Cedar.

Every member was present, thirteen, with the wives of most—except the secretary, Dr. S. B. Chase, who is an alternate to the democratic national convention, was yet celebrating at Chicago, and Dr. A. B. Cutler, who was in Indiana ruminating upon the marvelous speed of Westmont and Jay-Eye-See, witnessed by him July 10 and 11, at the Driving Park, Chicago, when the grand little pacer with running mate turned the track in the unprecedented time of 2:01 $\frac{3}{4}$ , and the magnificent son of Dictator, Jay-Eye-See, swept around the course in 2:11 $\frac{1}{4}$ .

The druggists of the city, J. F. Daily, H. A. Durand, W. E. Evans, and C. H. Lezott, who were made honorary members, with their wives and some ladies from abroad were present as guests to enjoy the pleasant occasion.

The society met at the residence of Dr. Whitley, Osage, and went thence to the Cedar where they spent a most enjoyable day. A grand dinner was discussed, as were the able papers, and interesting cases presented, with much satisfaction by all present.

On motion of Dr. Whitley a copy of a paper on Pharyngitis, read by Dr. Bundy of St. Ansgar, was requested for publication in THE IOWA STATE MEDICAL REPORTER.

A cordial vote of thanks was tendered Dr. and Mrs. Whitley, for their successful efforts in making the session one of the most pleasant and profitable ever enjoyed by the society.

Upon the invitation of Dr. A. H. Moore, Osage, it was voted to hold the next annual meeting with him, January 22, 1885.

H. FELLOWS, *Pres.*

M. L. CUTLER, *Sec. pro tem.*

MEDICAL NOTES.

THE TREATMENT OF DIABETES MEL-  
LITUS, by Austin Flint, Jr., M. D.—A  
reprint of a paper read before the Amer-  
ican Medical Association, May, 1884.

Professor Flint is specially clear in his  
treatment of the subject. He shows that  
but a small proportion of comparatively  
healthy men have sugar in their urine;  
his estimate taken from applications for  
life insurance, shows five in eighteen  
hundred and eighty-four, or a proportion  
of one in three hundred and seventy-  
seven. "In females, persistent pruritus  
of the vulvæ is often the first circum-  
stance pointing to the possible existence  
of diabetes." In males, herpes progena-  
talis is often a concomitant; either of  
these should call attention to the fact  
that there may be diabetic urine. He  
objects to the two Fehling solutions for  
the reason that they cannot be kept any  
length of time without changing, but  
recommends the two preparations of E.  
R. Squibb (the formula of which he gives  
with great distinctness), as being per-  
fectly reliable and not subject to the  
changes of the others. He shows how  
the two Squibb's solutions can be used  
either in the quantitative or the qualita-  
tive analysis. As a quantitative analy-  
sis he gives the "differential density  
method" of Roberts as one of the best,  
being a simple and accurate test and one  
that a person of intelligence can use  
Attention is called to the fact that the  
quantity and the specific gravity of the  
urine does not bear a constant relation to  
the quantity of sugar. He gives the  
symptoms of diabetes and states that  
only one, glycosuria, is invariably pres-  
ent. By reason of his experience he ac-  
cepts Cantani's statement, "that diabetes  
has become, to-day, a disease easily and  
certainly curable, provided that the  
treatment (cure) be not begun too late,"  
and cites cases in proof of this view. In  
treating this disease he says that the  
physician should rely almost solely on  
the diet; and the specific feature of this  
should be the total suppression of starch  
and sugar. Under general treatment he  
gives special importance to systematic  
muscular exercise, not carried to the

point of fatigue, and cessation of mental  
work. Under medicinal treatment he  
speaks lightly of reliance upon the effi-  
cacy of any drug, but among them he  
mentions lactic acid, under Cantani's  
formula. From his own experience he  
cites favorable results from Clemmen's  
solution, a preparation of arsenite of bro-  
mine. He condemns, as a rule, the diabe-  
tic or non-starch or sugar bread as frauds.  
His paper ends with a complete dietetic  
table which is quite elaborate, that closes  
with the articles prohibited. The whole  
article is as practical and concise a paper  
as has ever been the pleasure of the  
writer to read.

PREVENTION AND RESTRICTION OF  
CHOLERA.—This circular is issued by the  
Iowa State Board of Health, in view, as it  
states, of the approach of Asiatic cholera,  
and probable advent into the state in the  
near future. The circular deals in pre-  
ventatives, of which it gives two kinds.  
One, the first, cleanliness; we hope the  
advent of the circular will arouse the  
local societies to this preventative, not so  
much that cholera is to be feared, as that  
the general health of the community de-  
mands it. The other class consists of  
special preventatives; the first of these is  
to leave the country. To those who can-  
not adopt this is given nine hints—alto-  
gether practical and useful. This little  
circular will be generally read and  
received with interest.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, IOWA, August 1, 1884.  
Movemnt of population for July, 1884:

	Men	Women	Total
Remaining June 30, 1884...	332	265	597
Admitted, curable cases...	4	6	10
Admitted, incurable cases..	18	5	23
Whole number treated...	354	276	630
Discharged, recovered .....	5	3	8
Discharged, improved .....	4	2	6
Discharged, unimproved...	1	4	5
Discharged, died.....	5	0	5
Remaining, July 31, 1884.	339	267	606

Very Respectfully,  
GERSHOM H. HILL, Supt.



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THE  
Iowa State Medical Reporter.

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DES MOINES, JULY, 1884.

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EDITORIAL.

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ADVERTISING.

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IN the mind of one, a physican, who is quietly and patiently waiting for practice, and who sees the contrast between his own work and that of his neighbor, who is following the only method left to the charlatan—advertising—there is often a feeling that the code unjustly shuts the door that might be open to success. Unfortunately this mind picture becomes more vivid and often, although quite small in dimensions, a reality. There is another element that contributes much to the desire—the conceit, ambition, and vanity that courts recognition, and that makes the approach to acceptance of advertising very easy, if conducted in the manner of some of those shrewd advertisers, who, while they studiously avoid violating the letter of the code yet wholly evade its spirit. We are not prepared to condemn the spirit that leads to conceit, ambition, and vanity, if its owner is its master; they are elements that are always needed to bring ability to the front. After a year's watching of the papers of Iowa, we have come to the conclusion that there is need of a great moral reform in the tendency to advertising. We do not believe that one in ten of those who are guilty of advertising are really conscious of the fact or are studious to bring it about; they have rather, from example, competition, or the reason before given, gradually, drifted into its mouth; while they themselves honestly unite in condemning wholesale advertising. One who has watched this matter in Iowa

will find that the advertising is of two distinct classes. One, bold and shameless, that stigmatises the man; this class, is so foreign to all in Iowa, who pretend to be regulars, that it requires no further consideration. The other, composed of those who are recognized by the regular profession and who accidentally, unconsciously, or studiously, evade the spirit of the code.

Is there such a thing as legitimate advertising, that the physician may use without violating the spirit of the code? We would answer unqualifiedly, yes, and that its dimensions begin with a good education, gentlemanly conduct, social qualities, industry, and end with the moral effect in the community of their good deeds, distributed by word of mouth, from his friends. This mode of advertising together with that invaluable quality, tact or good judgment, will always bring success. All other practices than these, are to be condemned. Close to this division between right and wrong, comes the attempt to build oneself by maliciously injuring ones competitor, by making odious comparisons; by underbidding ones neighbors; by charging less than the established price (always except to the indigent); and, lastly, of permitting the local papers to repeatedly place before the public ones exploits or successes. While we do not consider the last, worse than the other methods described, it is to be condemned as one that does more than any other one thing to excite jealousy, and destroy that harmony and fellow feeling which should exist between brother-members of the profession. Unquestionably the majority of this kind of advertising is placed in a friendly way, and without the consent, or even knowledge, at the time being, of the physician. Occasionally the physician is so related to one who has such stand-

ing, that his name must come before the public, it is then his duty to permit it, *requesting* and *insisting* that adjectives relating to him be dropped. Such practices should be unreservedly condemned, and local societies should use such influence as they may have to induce a reform in this direction. There is an agency that has much to do with this condition—the absence of a law regulating the practice of medicine. There is still another—of the two thousand physicians in the state not more than eight hundred belong to societies; therefore the members of county and district societies are brought into competition with those who are more or less irresponsible. It is the duty of every local and district society, and the state society, to pass and to enforce, as far as may be, such resolutions and restrictions as may be necessary to correct this trouble. We would suggest that the matter of fee bills should be adjusted; there are probably no two in the state alike. There should be a minimum uniform rate, that is fully supported. We would also suggest that those members, who are interested in the elevation of our standard, should establish in such localities, geographically situated for a membership, a district local society with such qualifications as will improve our standard in this direction. It would better and improve every one connected with it, and the jealousy that necessarily comes between one member and another would be largely decreased. A number of years will be necessary to accomplish this, and it must be commenced by those who are enthusiastic, and who have confidence in human nature that has not been rebuked by experience, and who are not formed in their habits and prejudices. Each society of the state should enforce the spirit of the code, if it wishes to retain its stand-

ing and loyalty to the state society. The correction of that part of advertising relating to newspaper notices is easily made, except in those rare instances wherein the paper would notice the practitioner repeatedly in order to do him an injury. If the paper is friendly to the physician, and wishes to do him a kindness, it does not seem to us very difficult to ask the editor to refrain from continuing such notices. We except, of course, those instances wherein, as before mentioned, the relation of the physician to some accident or person is of such importance that the public demands the association. In the experience of all who have watched this matter these instances are not common.

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, IOWA, August 1, 1884.

Movement of population for July, 1884:	
Present, June 30.....	254
Admitted during month of July.	4—258
Discharged during month of July	2
Died during month of July.....	1
Transferred to Insane Asylum..	1— 4
Present, July 31.....	254
Respectfully,	
F. M. POWELL, Supt.	
A. C. ROGERS, Asst. Physician.	

SUGGESTIONS AS TO THE MODE OF USING THE FORCEPS.—Dr. H. Lowndes deduces four rules as the result of his experience: *One*, traction should be made in the intervals, instead of during the pains; *two*, when traction is not being made, the handles of the forceps should be allowed to lie as far apart as they will; *three*, during the pains the handles should be merely gently managed so that they may not be expelled or do hurt; *four*, during the passage of the head through the vulva the forceps should be used when necessary as a restraining power during the pains, and labor completed by traction during an interval.—*Brit. Med. Jour.*



—THE—

# IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, AUGUST, 1884.

No. 2.

## ORIGINAL ARTICLES.

### ASIATIC CHOLERA.

BY WM. L. ALLEN, M. D., DAVENPORT.

CHOLERA appears to have been endemic in India as early as the year 1500, but was not widely diffused in that country until 1817; it is abundantly generated in the low, wet, uncultivated lands along the Ganges and Brahmapootra rivers, where the hot weather following heavy rains, has been found most favorable to its production, while in certain dry districts of that country the disease is rarely, if ever, found.

Twenty years ago eminent writers held that its spread is often assisted by hot dry weather with favorable winds the course of which the disease always followed, but the fact that the cholera has invariably left India and spread into Egypt and Persia along the lines of travel taken by the natives and pilgrims, and more particularly by way of Mecca, which city has been so repeatedly attacked through some diseased pilgrim, favors a more rational view than the wind and dust theory.

The epidemics of 1830, 1846, and 1854 were slow in reaching westward to England, taking fifteen months, while that of 1866 was widely disseminated in four months, and the year was an exceptionally wet one, with a moist atmosphere and low barometer, and exactly opposite conditions existed in the early epidemics. In 1873, instances are related where two villages in close proximity and alike receiving cholera patients experienced a

severe outbreak in the one and no new cases in the other.

The exemption of prisons in India when surrounded by the disease, and the "tank-epidemics" as related by Koch, are all quite convincing arguments in favor of causes other than a germ-carrying atmosphere.

Beales' theory that "the specific material has originated in man's organism and is degraded living matter of the body itself," although quite in accordance with recent views of the physiological origin and "autonomous" life of disease, is not as yet accepted.

Macnamara<sup>2</sup> said "no amount of overcrowding, no special condition of soil, nor any circumstance, has been known to originate Asiatic cholera *de novo* among men removed from its endemic influence, or unless the disease has been epidemic at the time beyond the confines of India."

In 1866 Hallier found in the choleraic discharges a fungus of the urocystic group of the family of coniomycetes; the spores of this fungus were proven to be the so-called "peculiar corpuscles" found so frequently in cholera discharges; this plant was found to be indigenous to India, and it was inferred could not live in Europe except in hot and wet seasons; farther investigation carried on in India, exploded this theory, it being found that the cysts or spores were not constant in the discharges nor limited to cholera cases.

When cholera is epidemic its spread is advanced by, *one*, the contamination of food and drink with the choleraic discharges and, *two*, by the contamination of

(1) Creighton, trans. "British Med. Asso.," 1883.

(2) Aitken Vol. I, p. 639.

the atmosphere with the cholera discharge from privies, sewers, or the sick room.

Niemeyer held that the poison most generally entered the system by the nose and mouth with the air and was swallowed with the saliva.

Koch, however, says that the cholera bacillus when found in the air is dried up and innocuous, and believes that water is usually the means of infection.

The present epidemic began in Egypt in June, 1883, spreading from Damietta, whither an English vessel had brought it, to Cairo, Alexandria and other cities of Egypt, and reaching Toulon in June last by the vessel "Sarthe" although the French authorities at first denied this, claiming that the first two cases occurred spontaneously on the ship "Montebello."

Koch went to Alexandria in July, 1883, and on to Calcutta in December, where he has made some forty-two post mortem examinations on cholera cases, and has examined the discharges from twenty-eight cholera patients, as well as from a number of patients with other diseases, and from his reports we gather that, *one*, there exists in certain water tanks in India, and in all dejecta of cholera examined there or in Alexandria or Toulon, a species of bacterium, curved, comma-shaped, one half so long as the microbe of typhoid, non-sporous, which multiplies with great rapidity and is easily cultivated in gelatine, and has rapid movements, and can be colored in aniline solutions, and destroyed by acids, or, in three hours, by drying; *two*, that this bacterium is found in the intestinal canal of persons who have died of the cholera, and in the discharges of all cholera patients, most abundant at the acme of the disease and least abundant at the beginning and in convalescence; *three*, that it has not been found in any other disease; *four*, that the use of water known to contain it, has been followed by the cholera in some of the persons so using; *five*, that experiment on animals have given only negative results; which, however, is consistent with the fact that animals have always been proof against this disease. We are not quite ready to believe with the "German Cholera Commis-

sion," that the cholera bacterium is to be regarded simply in the same light as other forms of bacteria; because we believe that its generation outside of the alimentary canal of man is dependant on certain conditions found *constant* only in India, and possibly existing for a limited period only in other countries; for example, Toulon is said to have been for many years a favorite nest of cholera and this spring a French physician reported the sanitary condition there as most deplorable; nevertheless it was necessary to import fresh cholera bacteria by the "Sarthe" before an out-break occurred; in other words the cholera bacterium must be indigenous to India, and possibly dependant on some peculiar condition of the subsoil, as held by Petten Kofer, or of the climate, or else our present history of the cholera must be remodeled.

Klein tell us that he had found the "comma-shaped bacillus of Koch" in a case of diarrhoea, and that this so-called bacillus has never been found in the blood of cholera patients, which is to him a vital point, believing as he does that the respiratory system is one of the ways for infection; moreover, the cholera bacterium of Koch should be called, according to Cohn's terminology, the *vibrio regularis*, and not a bacillus.

Crudeli claims that Filippo Pacini of Florence discovered the bacterium of cholera in 1854.

The English authorities have been severely criticised for protesting against the quarantine along the Red Sea, for although Indian Pilgrims have frequently carried the cholera into Mecca, it might, according to Stikonlis,<sup>3</sup> have been kept out of Egypt and Turkey had the English aided the "Health Commission" in the quarantine.

The change in water supply in Calcutta has lowered the rate of mortality there from ten to three in the thousand since 1870.

As regards the tank water in India it is stated,<sup>4</sup> that "men and women habitually wash their clothes and garments and then bathe their bodies in the same tank from which they take water for domestic purposes; the approaches to some of the tanks are filthy in the extreme, and Dr.

(3) Medical Record, Sept. 1, 1883.

(4) Lancet, July 12, 1884.



Furnell has seen women collecting water for home purposes when the contents of the tank have at the same time been in use for ablution, being foul to the senses of sight and smell."

The cholera has in many instances limited itself to certain areas supplied by these tanks, around which the most primitive kinds of out-houses are found in close proximity to the tanks, which, as a consequence contain exceedingly foul water, giving rise to what are called "tank-epidemics" an instance of which is given<sup>5</sup> where seventeen deaths occurred from cholera among a few hundred persons using one such tank, while the rest of that district was at the same time free from the disease; an outbreak of cholera had occurred each year of late in that same village; even the clothes soiled with the discharges from one of the first cholera cases had been washed in this tank and it was *this* water that revealed to Koch such an abundance of cholera bacteria.

As prophylaxis, pure water supply and perfect sewerage are urged as at all times; in an epidemic, keep the alimentary tract in the best possible condition, eating moderately and of well cooked and easily digested food; all fruit and vegetables should be cooked or washed in boiled water, and all water used for washing or drinking should be boiled; dejecta from cholera patients and articles soiled therewith must be handled and disposed of with the greatest possible care, and every means used to permanently disinfect them or destroy them; the bichloride of mercury, one to one thousand, or a five per cent solution of carbolic acid, is the best for clothes, but a saturated solution of the sulphate of iron may be used for the discharges.

The following directions<sup>6</sup> are issued by the "Berlin Board of Health:"

*One*, The discharges of cholera patients are to be received in vessels containing a five per cent solution of carbolic acid, the amount used to be in the proportion of one part to four of the evacuations.

*Two*, Soiled sheets and clothing are to be placed immediately in a similar solution for forty-eight hours.

*Three*, Clothing and bedding not conveniently handled must be steamed.

*Four*, The furniture and floor should be thoroughly wiped and rubbed with dry cloths, which should be burned or treated with the acid.

*Five*, Persons coming in contact with cholera patients, or their effects, must wash carefully and use carbolic acid.

*Six*, In order to carry out the disinfection by steam, an apparatus must be used through which a continual current of steam passes; the temperature throughout the apparatus should be at least 100° Centigrade, and the article steamed for one or two hours; such an apparatus can be improvised by means of an iron kettle and a wooden keg.

*Seven*, Furniture, mattresses, etc., are to be placed in a warm, dry, sheltered place for six days, and infected rooms are to be aired the same length of time in order that every thing may be completely dried out.

*Eight*, Articles of little value, if soiled are better burned.

The indications for treatment are:

*First*, to destroy if possible the cholera bacteria in the alimentary canal and to keep the intestinal secretions as acid as possible, and check excessive discharges; *second*, to relieve the pain; *third*, to support against collapse. How best to follow out the first is an open question; calomel and castor oil are strongly advocated by some; Koch recommends opium early; hypodermic injections of atropia are used to relieve the pains and cramps, and ether hypodermically in collapse.

Samuel, of Königsberg, has for the past year advocated continual subcutaneous injections of warm water during the stage of collapse, and just preceding, on the following grounds: *one*, the germicide and astringent treatment cannot be continued at this stage on account of the rapid elimination and excessive dilution of medicines by the intestinal transudation; and, *two*, the cause of death he holds to be the enormous transudation or "*inspissatio sanguinis*," many authorities to the contrary; and, *three*, while absorption in the alimentary canal is hardly possible, it takes place very rapidly in the sub-

(5) Berliner Klin. Wochenschrift, April 14, 1884.

(6) Berliner Kl. Wochenschrift, July 21, 1884.

cutaneous tissue, and he urges continual injections, during the critical twenty-four or thirty-six hours, of one part sodium bicarbonate, six parts sodium chloride to one hundred parts aqua dest., injected in the neck or as near that part as possible for better absorption. Jaeger recommends that a similar solution be injected in the median vein.

## HOT WATER IN THE TREATMENT OF GONORRHOEA.

BY H. C. ESCHBACH, M. D., DES MOINES.

[Read before the Polk County Medical Society, July 1, 1884.]

IT is not with the hope of adding anything new or unknown to the profession that we call your attention to the subject of this paper. But in view of the many methods—good, bad and indifferent—in vogue in the treatment of gonorrhœa; of the harm done by some of the popular methods; of the very little good done by others; and of the much good that might be done by a proper inquiry into the causes of the trouble, and a little judicious antiphlogistic treatment based upon such inquiry, no extended apology is necessary for bringing the subject before you.

Our best authorities are in accord in saying that no clinical or scientific rules can be laid down whereby we may solve the problem in cases of doubt of the causes which have produced a purulent, contagious discharge from the urethra, simply because the disease may be produced in a variety of ways, none of which are specific.

Thus, a urethritis produced by mechanical irritation of the mucous membrane of the urethra, especially in a person whose general health is below par, may be just as intractable, and differ in none of its features from that acquired during the venereal act. Yet, experience demonstrates that a simple urethritis will recover almost without treatment in a week or ten days, while a urethritis, produced by contact with pus of a high grade of activity, or as we would say a genuine gonorrhœa, will run a protracted course in spite of treatment.

We meet with cases of urethritis vary-

ing in intensity and in amenability to treatment. Yet severity, on the one hand, does not prove the source to be from criminal exposure; nor mildness, on the other, argue in favor of one of the many innocent causes, which are constantly met with.

Most authorities are also in accord in placing the duration of gonorrhœa at from four to six weeks, with or without treatment. True, many cases of so-called gonorrhœa recover in a week or ten days, as before stated. But these cases, if properly investigated, would be found to originate from mechanical irritation, or from contact with mild vaginal discharges, or various other cases; but not from contact with pus of a sufficiently high grade of activity to produce a true gonorrhœa.

Too seldom does the physician stop to inquire into the previous history, and the development of the difficulty in a patient, who comes to him with suspected gonorrhœa. He takes it for granted, as the case is stated to him, that it is a gonorrhœa acquired from a gonorrhœa, and prescribes copaiba, an injection of more or less stringency, and lays down some good rules concerning diet. Or, what is worse (for the above treatment may do good), he assails his patient's sensitive urethra with a nitrate of silver injection, ten or fifteen grains—fzj., and tells him he will abort the attack. If the case is one of inflammation set up behind an old stricture, or from one of the benignant sources, and the patient does not (made frantic by the pain of the severe injection), slay him on the spot, he may have the pleasure of seeing a quick recovery. But if so, he may be pretty certain that the same result would have been brought about by a much less heroic course of treatment. But the chances are that a simple urethritis will be aggravated by such treatment, until it runs as protracted a course as true gonorrhœa. This constitutes the grave objection to the abortive method of treatment, an objection acknowledged by those who advocate and practice it, that if it does no good it invariably does harm. The same has been said of the use of copaiba and remedies of that class, especially in the earlier stages of the disorder.

In examining reports of such authori-



ties as Bumstead and Taylor, or Van Buren and Keyes, this conclusion is arrived at; viz., that if a strong injection be used within the first few days, while as yet the symptoms of disorder are merely a slight tickling sensation at the meatus, and a clear discharge, speedy relief is sometimes obtained, but if not the trouble is almost sure to be aggravated.

Now in the cases which are said to be aborted, what assurance have we that they would not have recovered within a few days, under the most ordinary hygienic treatment, without the use of abortive injections, or so-called specific internal remedies?

Surely, if purulent gonorrhœa treated homeopathically is brought under control and cured within the prescribed period of four to six weeks, may we not hope for equally good results under the mildest antiphlogistic measures?

In hot water we have one of the most innocent and yet one of the best antagonists to local inflammatory conditions, and in these days when hot water is being employed in the treatment of almost all the local ills to which human flesh is heir, and in such cases as it is adapted to, accomplishing good results, may it not perform an equally good office in the treatment of urethritis?

In it we have a most potent agent for reducing the inflammatory condition of the urethra, and in so doing we most effectually avoid the risk of even the most ordinary complications of gonorrhœa.

In conversation with an old practitioner during the late session of the State Medical Society, he informed me that he had almost entirely abandoned the use of internal remedies of all kinds and injections in the treatment of gonorrhœa, relying on hot water alone, and obtaining better results than ever before under the old regime.

So eminent an authority on genito-urinary diseases as Fessenden W. Otis, of New York, is a most ardent advocate of the use of hot water in the treatment of such disorders.

His general plan is as follows:

*First.* To secure complete personal cleanliness; to prevent transfer of gon-

orrhœal secretions to any other mucous membrane; and to insist on rest, if possible, on the back until the inflammatory stage declines.

*Second.* Frequent soakings of the penis in water, as hot as can be borne by the patient. Always to urinate with the penis immersed in hot water.

*Third.* To put the patient on milk diet, and neutralize the irritating qualities of the urine by the use of alkalies and diluents, or, if there is great pain, the bromide of potash in some demulcent.

*Fourth.* To secure perfect freedom from sexual contact, or any association tending to excite the sexual passions. Although all the details of this plan may not be practicable in ordinary practice, as our patient may not be willing or able to leave his employment for some days to carry out the treatment rigidly, yet, by coming as near to it as possible, we may hope for equally as good results as procured by any of the other plans in use, and at the same time without the risks arising in meddlesome treatment.

A useful modification of this plan, is the use of the hot water retro-jection. This is done by an instrument made after the pattern of the metallic bulbous bougie—hollow, and with openings at the corona of the bulb directed forward. This is inserted into the urethra just beyond the point of inflammation, and a syringe attached by which a continuous stream of water, hot as can be borne without serious discomfort to the patient, is passed in the instrument and out through the urethra for about ten minutes each day, or oftener, until the active inflammatory stage is passed, and at longer intervals until the discharge ceases and the case is cured.

This, with the other hygienic measures already indicated; viz., cleanliness, rest, alkalies and diluents, or the plan as proposed by Otis, above stated, constitute a treatment more satisfactory to patient and physician than the use of any of the so-called specifics, whether used internally or by injection.

Bumstead adds his testimony to the hot water treatment in very pronounced language. He says, "the only direct applications which I can safely say has never disappointed me, which is at once safe,

simple and useful, is that of very hot water to the penis;" adding, "we seldom see so much good ensue as when carried to the extent of producing [excoriation and faintness."

Otis, after ten year's experience with this method, says, "gonorrhœas of recent date, and especially first gonorrhœas, are more promptly cured than by the old method, and there are no cases complicated by epididymitis among them, and all the annoyances, errors and troubles arising from the use of injections are effectively avoided."

If then we can, as is asserted by these eminent authorities, by such simple means, bring about a more prompt cure of our case, avoid the usual discomfort to the patient, avoid epididymitis, prostatitis, and the various complications which so frequently arise in cases treated by the older methods, may it not be the part of wisdom to give a fair trial to so simple and efficient a remedy, relegating the nauseous copaiba, and astringent and sedative injections to cases of gleet where the low-toned epithelium needs their stimulating effect?

The limits of this paper are too narrow, and it is also unnecessary to say all that might be said on the treatment of gonorrhœa. But if in the discussion to which it is now open, it brings out the results of more experienced practitioners in this line of treatment, or evidence as to any other and better treatment, it will have wholly served the purpose for which it was prepared.

### PHARYNGITIS, ACUTE AND CHRONIC.

BY A. D. BUNDY, M. D., ST. ANSGAR.

NEXT to diseases of the digestive system in frequency, is acute and chronic pharyngeal inflammation; our people of all ages and conditions are, owing to climatic and other causes, peculiarly prone to catarrhal troubles of the respiratory tract. The mucus membrane of the throat is exceedingly prone to become diseased, partly from its exposure as an inlet to extraneous influences, partly from a special proclivity, the nature of which we but partly comprehend; sometimes

from the skin which is similarly constructed, and which perhaps has the same ultimate nerve distribution. One of the earliest indications of inflammation of the mucus membrane, is the secretion or development of mucus. The researches of physiologists have shown that healthy mucus membrane does not secrete mucus; let me cite T. K. Chambers: "As to the business of mucus membranes, look at your catarrhal throat in a mirror, what do you see? The surface red, puffy, and with the component parts, such as the uvula enlarged. There is also poured out a quantity of slimy material which you well know by the name of mucus. Examine by the microscope a little of this mucus, and you will find it made up of minute balls, of transparent jelly with a granular aspect, technically called exudation globules, floating free without any tendency to adhere together; they are young cells, or, rather nuclei. They are an infant tissue strangled in its birth. The business of mucus membrane is to be covered by epithelium, not to secrete mucus. The inflamed part is red, because its blood vessels are relaxed, and dilated from loss of vital elasticity, the blood sticks in them as water in a bulged pipe, and the arteries, pressed upon from behind by the heart, throb because the obstruction impedes their action." I make this quotation entire, for from its hints we obtain a pretty clear idea of the pathology of the disease. It is not necessary for me to say anything more regarding the cause or nature of this disease to my audience, hints are hardly needed to understand the subject. In the acute form constitutional treatment plays an important part. In my hands aconite, belladonna and tartar emetic, in small and oft repeated doses, either alone or combined variously, have seemed to bring comfort to the patient, and shorten or abort the disease. Such other means as the good sense of every one will tell them, may be beneficially used such as hot mustard foot baths, an alterative, laxative or purge, as may be indicated by the case in hand. Anodynes are not often needed. Local treatment is always needed, and properly applied remedies are potent means for controlling the disease. With the atomizer



apply tincture aconite and opium, gtt. twenty to one ounce of water, alternate every hour with a solution. Borax or boric acid thirty grains to one ounce water, or as I sometimes use listerine which is a very cooling and pleasant application, inhalations of vapor of hot camphor water is grateful and pain relieving. Gargles I do not use as they seldom reach the part affected. If a relaxed and pendulous uvula follows the attack I do not cut it off, but apply the glycite of tannin with a soft camels hair pencil, daily until it is better. The acute form I have just been describing, we are not often called upon to treat. The attacks pass as bad colds, unless unusually severe. It is from these neglected colds and angmas, which gives us such a bountiful crop of chronic or subacute cases, which are many times very stubborn, and often resist any treatment, unless persistently followed. In these cases the patient comes complaining of constant soreness, though slight, in the throat, a roughness of the voice, with a constant tendency to clear the throat sometimes a dryness is complained of, at other times an excessive secretion of mucus, the latter symptom being the most rare. All these symptoms may be aggravated by a fresh cold, by atmospheric changes, by the inhalation of dust, by prolonged fatigue, much talking or singing. At last the system at large becomes affected; such patients are generally despondent, low spirited, their temper irascible, the appetite poor, bowels sluggish, and the entire system performs its functions sluggishly and imperfectly, the voice becomes rough and croaking, and at last sinks to near or quite a whisper. These cases are very stubborn and often physician and patient becomes discouraged. As to treatment, local measures are chief. I have nothing new to offer, but the old does well. Argent nitrate in varying degrees of strength from ten to thirty grains, to even a saturated solution applied with a camels hair brush. Where the follicles are prominent and the throat has that reticulated appearance, the stronger solutions are best; from two to three times a week, are often enough to apply them. Some constitutional treatment is generally needed, peptics and

blood making remedies are those needed. All causes which aggravate the trouble should be avoided. Sleeping in superheated rooms is injurious, cheerful surroundings, proper food and clothing are points not to be overlooked. I am not aware that I have presented anything new either in etiology, pathology or treatment; my object in presenting this subject was to call attention to a chronic trouble of the throat, which I believe is very common in this climate, and from my experience and observation, often overlooked and improperly treated.

[Authorities consulted and extracts made from: Cohen, diseases throat and nasal passages; Mackenzis, diseases of the throat; Bosworth, diseases of throat and base.]

#### IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, September 1, 1884.  
Movement of population for August:

	Men	Women	Total
Remaining July 31, 1884 . . .	339	267	606
Admitted, curable cases . . .	4	3	7
Admitted, incurable cases . .	11	7	18
Whole number treated . . .	354	277	631
Discharged, recovered . . . . .	0	0	0
Discharged, improved . . . . .	10	5	15
Discharged, unimproved . . .	1	4	5
Discharged, died . . . . .	5	0	5
Remaining, Aug. 31, 1884.	338	268	606

Very Respectfully,  
GERSHOM H. HILL, *Supt.*

#### IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, September 1, 1884.

Movement of population for August:

Present, July 31 . . . . .	254
Admitted during August . . . . .	5—259
Discharged during August . . . . .	1
Died during August . . . . .	2
Transferred to Insane Asylum . .	0— 3
Present, August 31 . . . . .	256

Respectfully,  
F. M. POWELL, *Supt.*

## REPORT OF CASE.

### PURULENT CONJUNCTIVITIS BY CONTAGION FROM CONJUNC- TIVITIS NEONATORUM.

BY H. B. YOUNG, A. M., M. D., BURLINGTON.

THE following report is offered, not so much in the hope that it will contribute materially to the knowledge of handling so serious a disease, as to emphasize that which is already known, and to illustrate the fact that in spite of any possibility which the "Leipsic treatment" may offer toward the absolute prevention of conjunctivitis neonatorum, and the prevalent opinion that all eye diseases are contagious, only in eternal vigilance is there safety.

P. R., aged three years, otherwise in good health, has had sore eyes for three weeks, during which time the eyes have not voluntarily been opened. An examination reveals lids moderately swollen, but soft, and pus escaping slowly along the margins. When the lids are forcibly opened pus wells out freely. The left cornea is intact, but the right has an ulcer and dense infiltration in its lower half. The treatment has been by a homoeopathist, and has consisted of an instillation of a weak solution of copper sulphate, and frequent cleansings (?) by means of a camel's hair brush and warm water. But little progress has been made by this course. In its stead there is ordered a cleansing every half hour, by means of a soft sponge and tepid water made slightly saline by common salt (teaspoonful to the quart), the lids to be well opened, and all pus and shreds to be carefully wiped out by the sponge. Applications of a half per cent solution of silver nitrate are to be made to the conjunctiva as needed, and the pupil of the right eye to be kept dilated by atropia.

The baby, aged six weeks, also has sore eyes. Here there is the usual history of a profuse vaginal discharge before and at parturition, and on the fourth day after the baby's eyes are inflamed and a discharge comes on. A regular physician is called in to see the baby's eyes (the accouchment was by mid-wife), an eye water is prescribed, but the danger of conta-

gion is not particularly referred to. Later on the baby and the older child are allowed to *sleep on the same pillow*, and the result is a communication of the eye disease, which, as usual, is most virulent on the new ground.

The treatment of the baby's eyes is to be similar to, but less vigorous, than that for the older child.

At the present time, two weeks since the above treatment was instituted, the situation is as follows: The baby's eyes, entirely well; the left eye of the older child, also well; and the right free from discharge, the cornea clearing as fast as possible, the scar of the ulcer will be small and the eye will have useful vision.

While there is much to be thankful for in the rapid and good recoveries made in these cases, it is nevertheless to be remembered that such results cannot always be expected, and it is to be regretted even here that the services of a competent obstetrician were not secured in the first place; for thus an *a-septic* labor might have been had and all evil chances avoided.

Of the treatment which so speedily gave relief I think it can safely be said, that the frequent cleansings were the all-important features. Here I must add my testimony to that of Dr. Knapp, who finds the sponge the most efficient cleanser that can be had about the eye. If it is clean, soft and wet it does not irritate, and nothing else will pick up pus and shreds so thoroughly and quickly. In these cases it must certainly have the credit, for the medication (excepting the atropia) was slight, the silver being used so sparingly as practically not to be used at all.

### SOLDIERS' ORPHANS' HOME.

DAVENPORT, September 1, 1884.

Movement of population for August:

Present, August 1 .....	249
Admitted during August .....	5—254
Discharged during August .....	11— 11
Remaining, August 31 .....	243

Of these 114 were girls and 129 boys.

There is no one sick and has not been for thirteen months.

Respectfully,

S. W. PIERCE, Supt.



## SOCIETY REPORTS.

### POLK COUNTY MEDICAL SOCIETY.

DES MOINES, September 7, 1884.

MEETING called to order, with vice president Schooler in the chair.

Members present were Drs. Blanchard, Bowman, Brubaker, Colvin, Eschbach, Field, Hale, McNutt, Patchin, Redmon, Schooler, Smouse, and Swift.

Dr. Blanchard moved that a committee, consisting of Drs. Field, Brubaker, and Colvin, be appointed to prepare resolutions in reference to the death of Dr. R. J. Farquharson. The motion was seconded by Dr. Patchin, and carried.

While the committee were drafting resolutions, Dr. Smouse was requested to favor the meeting with some remarks on the late Dr. Farquharson.

In response, Dr. Smouse said that Dr. Farquharson had come to Des Moines three years ago a stranger to all of them, and he had not become as well known to the regular profession as he would have done if he had been in practice instead of secretary of the State Board of Health. His sickness commenced three weeks ago to-day, when he was taken with a severe attack of indigestion and looseness of the bowels, which, in a day or two, assumed colitis, the direct cause of his death.

Dr. Field presented the following resolution:

WHEREAS, it has pleased Divine Providence to remove from our midst our esteemed brother and co-laborer in the cause of humanity; therefore,

*Resolved*, that in the death of Dr. R. J. Farquharson this society has lost one of its most honored members; the cause of sanitary science an able and efficient laborer; and society at large a friend and benefactor;

*Resolved*, that we tender our sympathy to the bereaved family, and that as a mark of respect we attend the funeral of the deceased in a body.

Dr. Blanchard moved that the resolution be accepted, spread on the minutes, and a copy sent to the family. Seconded by Dr. Swift.

Dr. Smouse moved to amend the resolution by striking out the words "it has

pleased Divine Providence to" and substituting "death has." Seconded by Dr. Colvin.

On vote the amendment was lost, and the resolution accepted as presented.

Dr. McNutt invited the members of the society to meet at his house at two P. M., on Monday, September eighth, to go from there to the residence of the late Dr. Farquharson to attend the funeral. On motion, the invitation was accepted.

Dr. Schooler said that he thought a motion to have the resolution published in the IOWA STATE MEDICAL REPORTER would be in order. He was not in favor of publishing the resolutions in the daily papers, but thought it would be well to have it printed in a professional journal.

Dr. Swift moved that the resolutions be published in the IOWA STATE MEDICAL REPORTER, and that a written copy be furnished the family. Seconded by Dr. Blanchard, and carried.

On motion of Dr. Blanchard the meeting adjourned.

### SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, September 4, 1884.

THE Scott County Medical Society held its stated meeting on the evening of September fourth, and met at an adjourned session a week later to receive the report of the Committee on Resolutions in behalf of the late and lamented Dr. R. J. Farquharson, which were unanimously adopted as presented by the chairman, Dr. Middleton, as follows:

WHEREAS, the hand of death has torn, in untimely fashion, from earthly scenes, and from communion with us, while in the full exercise of ripe scientific attainments in the prevention of sickness and death in our state, our fellow-member, Robert J. Farquharson; and

WHEREAS, though words but feebly tell the desolation wrought by such a departure, yet it seems fitting that we, who knew him as a co-worker, should express something of our sense of loss; therefore,

*Resolved*, that we deeply deplore his untimely removal from the field of labor to which he had devoted himself, and to whose cultivation he had brought a

wealth of knowledge seldom surpassed, and can only lament the shortness of the space allotted to him in the office he has left vacant, whose emanations, we feel assured, would have achieved very much under his direction in the advancement of preventive medicine in Iowa;

*Resolved*, that the years he spent as one of our number have imprinted on our minds, as inseparable from the man, his lofty ideas of the merits of our profession, his chivalrous manliness, his honor and probity, his unswerving regard for truth, his habits of patient pursuit of science for science's sake, his almost encyclopedic erudition, and his gentleness and modesty withal, so that now, as he passes into a memory which we shall ever cherish, these traits shall remain to us for our emulation;

*Resolved*, that we sincerely sympathize with the sorrowing family in their irreparable loss;

*Resolved*, that these resolutions be spread upon the minutes of this society; that a copy be transmitted to the family of Doctor Farquharson, and that they be published in the IOWA STATE MEDICAL REPORTER, and the local papers.

WM. D. MIDDLETON, }  
J. W. H. BAKER, } *Committee.*  
J. J. TOMSON, }

At the monthly meeting the name of Dr. J. P. Crawford was proposed for membership and referred to the Board of Censors.

The essayist of the evening, Dr. L. French, read an interesting paper, entitled "Is the Treatment of Malarial Fevers Antiseptic?"

By a vote of the society thanks were tendered the doctor for his excellent paper, which showed much thought and research in its preparation.

On motion the essay was received, and referred for publication in the REPORTER.

During the discussion that ensued Dr. French said he did not have time to finish his researches, but would submit what he had to the profession at large, and would be glad to hear from others, even if exceptions should be taken to his expressed ideas.

D. P. MAXWELL, *Sec.*

## KEOKUK, IOWA, MEDICAL SOCIETY.

KEOKUK, July, 21, 1884.

SOCIETY met at Dr. Jenkins' office, Monday, July 21.

Present: Drs. Payne, Scroggs, Cleaver, North, Jenkins, McDonald and Kinnaman.

Moved that Dr. North's paper on so called Arterial Sedatives be presented at next meeting.

Dr. McDonald reported case of young lady who was injured on July fourth, by being struck by a rocket and clothing set on fire. Missile went through clothing and entered fleshy part of thigh upward and outward. Length of wound about four inches. Crowd ran over her inflicting some injuries. Hemorrhage trifling at first. Moved her to corner Twelfth and Palmer, hemorrhage kept increasing until quite decided, and for twenty-four hours had trouble in controlling it. Tamponed opening as well as I could; held it until following evening, when hemorrhage stopped. Parts extensively blackened, and a good deal of laceration under the skin from the explosion of rocket after entering tissues; profuse discharge of blackened pus and disintegrated tissue. Patient now doing well and able to sit up. Could discover no foreign body in wound. Character of discharge thin discolored but not offensive, has been very black, not approaching healthy character. Wound is in gluteal region, ranging upward and outward.

Dr. Cleaver thought the wound should heal, if no foreign body in it, in about eighteen days.

Dr. Cleaver treated several cases of dysentery by giving one ounce castor oil, one dram turpentine, followed with opium and quinine. Favorable results in all cases so far.

Dr. Jenkins found great tendency to bowel complaint this season, several cases from improper diet, taken suddenly and seriously.

Dr. Cleaver thought seeds of berries, etc., predispose to bowel trouble.

Dr. Jenkins stated ipecac in large doses produces diaphoresis and soft mushy stools without blood or mucus.



Dr. Payne reported a case of dysentery. Held post mortem, and found no perforation, but black and sloughing mucous membrane.

Dr. Payne, in dysentery, gives calomel early; follows, if necessary, with castor oil and turpentine, and then gives opiates and quinine.

Dr. McDonald, gives opium per rectum, with cold water or cold starch, in small injections, forty drops deodorized tincture of opium in two ounces of cold starch or water, using a glass syringe. It relieves tenesmus and is soothing. He gives bismuth per mouth.

Moved that, in view of present sanitary condition of the city, it is the duty of the society to take some action, and it is therefore,

*Resolved*, That a strict sanitary condition will contribute largely to the future welfare of our city, and that it is the duty of each and every citizen to cheerfully co-operate with the president of the board of health in his endeavor to obtain this result.

Subject for next meeting, in addition to papers due, epidemic cholera.

Adjourned to meet at Dr. North's office next regular meeting.

H. A. KINNAMAN, M. D., *Secretary*.  
P. J. PAYNE, M. D., *President*.

—  
KEOKUK, August 4, 1884.

SOCIETY met at office of Dr. North.

Present: Drs. Weismann, North, Jenkins, Maxwell, McDonald, Scroggs and Kinnaman.

The president being absent Dr. Weismann was called to the chair.

Dr. Maxwell presented a paper on surgical hemorrhage.

Moved that paper be accepted.

Moved that paper be laid over until next meeting, and be the subject of discussion for the evening.

The subject of cholera also laid over.

Adjourned to meet at Dr. Maxwell's office, August eighteenth.

H. A. KINNAMAN, M. D., *Secretary*.

—  
KEOKUK, August 18, 1884.

SOCIETY met at the office of Dr. Maxwell, with the vice-president, Dr. Scroggs, in the chair.

Present: Drs. Scroggs, Maxwell, McDonald, Jenkins, and Kinnaman.

Dr. McDonald reported a case of hemorrhage from the stomach—a man out of health for several years, complaining of soreness of the throat and partial loss of voice, called for advice originally on account of the latter trouble. He had pain in swallowing just as food entered the stomach. He retained food only a short time. The party improved on a restricted diet. Bismuth and pepsin relieved somewhat, but trouble in swallowing continued. Was able to work part of the time. Had an attack of hemorrhage this evening while resting quietly. Hemorrhage severe and patient died in half an hour after attack. Blood was vomited; think it came from about the cardiac orifice. When the party came to me six weeks ago vomiting was not a prominent symptom, but later had been vomiting daily for two weeks. Every swallow gave pain just as it entered the stomach, after that not much pain for an hour or two, then vomiting and free from pain until taking food again. Diagnosed it as a case of ulcer of stomach near cardiac orifice.

Dr. Jenkins agreed with the diagnosis, thinking the ulcer had sloughed into large vessel.

[NOTE.—The post mortem held next day by Drs. McDonald, Jenkins, and Kinnaman proved it a typical case of ulcer of the stomach, near cardiac orifice probably opening into gastric vein.]

Dr. Maxwell presented a specimen, and reported case of rupture of stomach. The patient, a laborer, working in a stone quarry. The weather was very warm. Patient become very weak and vomited blood. This continued until he died. Stomach appeared healthy except at point of rupture. Previous history of rather poor health. The rupture was into gastric vein, near the piloric end.

Also reported case of woman who suffered from gradual dyspnoea, with congestion of veins of face and arms, and from difficulty in swallowing. Lower extremities not swollen. Suspected aneurism pressing on superior vena cava. Found neither murmur nor thrill. Some dullness over sternum from top to third

rib. Symptoms increased. Finally right lung became obstructed, and woman died from starvation.

Post mortem developed fibrous tumor attached arterially to sternum and posteriorly to body of vertebra. The tumor surrounded all the large blood vessels from superior to the heart, producing stenosis. Right lung almost obliterated and approaching gangrene. Pleura filled with fluid. Specimen presented.

Dr. Maxwell's paper on Surgical Hemorrhages and Hæmatemesis was discussed and generally endorsed by the members present.

Subjects for next meeting: Epidemic Cholera, and Dr. North's paper on So-called Arterial Sedatives.

Adjourned to meet at the office of Dr. Scroggs, on Monday, September 1, 1884.

H. A. KINNAMAN, *Secretary*.

KEOKUK, September 1, 1884.

SOCIETY met at the office of Dr. Scroggs, with the vice-president in the chair.

Present: Drs. Scroggs, Jenkins, Maxwell, Kinnaman and Weismann.

Minutes of last meeting read and approved.

Dr. Weismann reported a case. Boy, eleven years of age, who, running bare-foot, burnt his leg and foot; wound, size of a quarter, waded into a pond of stagnant water. The wound soon healed. Boy developed high fever, pulse one hundred and thirty. Next day after had partial paralysis on one side. Obstinate constipation for four days. At the end of five days the fever abating, patient failing and getting very thin. Abscess forming on upper part of thigh. Swelling somewhat reduced. Feels somewhat better now. Paralysis improved but cannot stand on feet. Think it a case of blood poisoning and phlebitis caused by exposure of open sore and wading in stagnant water. Appetite good, eats heartily. Treatment quinine and iron internally. Iodine externally over abscess.

Dr. Maxwell reported case of fracture of patella from kick of horse. Man was sitting in buggy; horse kicked, striking him with both feet; one, below knee inflicting incised wound semilunar in shape, dressed patella with adhesive straps, elevating leg on inclined plane.

Subject of epidemic cholera was continued until next meeting.

Adjourned to meet at Dr. Jenkins' office, on third Wednesday in September.

H. A. KINNAMAN, M. D., *Secretary*.  
P. J. PAYNE, M. D., *President*.

## WESTERN IOWA MEDICAL ASSOCIATION.

SINCE our last issue a new society, the Western Iowa Medical association, has been organized with the following officers:

*President*, C. H. Drake.

*Vice-President*, S. A. McNerney.

*Secretary*, W. Davis.

The society will meet bi-monthly at various points within its district.

The next meeting will be held at Ida Grove, October 9.

Subject for discussion, Iritis.

## IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, September 1, 1884.  
Report for August, 1884:

	Men	Women	Total
Remaining July 31, 1884....	252	220	472
Admitted in August.....	19	12	31
Returned from visit.....	1	2	3
Total under care in the month.....	272	234	506
Discharged during month..	17	12	29
Daily average.....	250	221	471
Discharged, recovered.....	6	2	8
Discharged, improved.....	5	4	9
Discharged, unimproved...	5	3	8
Discharged, died.....	1	3	4
Remaining Aug. 31, 1884.	255	222	477

H. A. GILMAN, *Supt.*

A good drug stock, with or without store room, a fine two-story eight room residence, with suitable outbuildings, and physician's paying practice, for sale at a bargain if sold soon. Address Lock Box 8, Harper, Keokuk County, Iowa.

ONE of the Cleveland Medical Colleges announces, as one of its Faculty, a Chaplain! We know of several colleges which need praying for—and *with*—but we know of no others that own up to it.



## HOSPITAL NOTES.

REPORTED BY ALLEN KELCH, M. D.

*Impaired nutrition, glandular engorgement, and enlarged tonsils due to defective diet.*

C. H., æt. thirteen, has enlarged tonsils, obstructed breathing through the nose, is emaciated, and has enlarged lymphatic glands in the neck; is the subject of fissures about the meatus of the nose and at the corners of the mouth; has an aversion to animal food; eats nothing her mother says, but molasses and stewed apples. She has lost flesh rapidly within the last month, and, although her mother says she is not sick, she is constantly clearing the throat and picking the nose, is restless, and does not look as though she were more than eight years of age. The mother is a pale, emaciated subject, with lymphatic engorgements likewise. None of the family are in good health, though none are positively sick. There are no evidences of syphilis in any of the family, and I know them all well; having attended them occasionally for years; in fact, I delivered this child about thirteen years ago. The family are in reduced circumstances; Mr. H., being a cooper, does not work all the year; his wages are not large, and his family expenses exhaust every cent of his income.

It is common to say that such a case as this is a typical representation of scrofulosis, whatever that may mean; and the theory is greatly strengthened by the fact that all the family suffer from glandular enlargements. They are all pale and debilitated; none of them are fond of animal food, and their diet consists chiefly of dried meats, bread, fried bacon, salt fish, eggs, potatoes, and cooked fruits, with an abundant supply of that most abominable of all substances, common molasses.

These people none of them take a sufficient amount of the force-producing agents which add real strength to the body. The only animal foods they take are a little butter, which is generally somewhat rancid, because they cannot buy the best, and the fat obtained from frying bacon or the bacon itself. When we consider, then, that the larger portion

of the diet of these people is made up of worse than inert substances, it is no wonder they have glandular enlargements, constitutional debility, that they are pale, feeble, and waxy.

No local treatment can do this girl any good, except it be in the nature of removing accumulated lymph from the nasal passages. It would be positive malpractice to cut these tonsils, although they are almost in contact, so large have they become. The tonsils are lymphatic glands, and depend as much for their size in this case upon the engorgement of the lymph-channels generally, as do those other glands which you see here in the sub-maxillary region and along the line of the sterno-cleido-mastoideus muscle throughout its whole length. I have no hope of curing this child, but I believe she may be materially benefited by such palliative treatment as will tend to keep the tenacious lymph in the nares in a liquid state to facilitate its expulsion. To do this we must have something constantly present upon the surface of the membrane which has the power to dissolve the fibrinous properties of the lymph, and which shall not at the same time irritate the membrane. This may be had in the judicious administration of a powder made after the following formula: Pulveris sodii boratis, one-half ounce; pulveris sodii chloridi, one-half dram; pulveris cubebæ, five grains. Mix. Use as a snuff.

By using two ordinary conical ear-specula, turning the bases together and putting the nozzle of the Politzer air-bag over the tip of one of them, the other may be made to contain the powder, and by returning them base to base, inserting the tip of the distal speculum into the meatus of the nose, compression of the air-bag forces a sufficiently powerful insufflation of the powder to drive it into all the crypts and sinuosities of the naso-pharynx. This powder will remain there until enough of the accumulated secretions or exudations are poured out for it to act upon in the production of a liquid which by nature will flow into the pharynx and suggest the propriety of the patient's snuffing and hawking to expel it.

She may have the syrup of the iodide of iron, combined with glycerine and

simple syrup in equal proportions, of which she can take a teaspoonful at a dose after each meal. She is to be encouraged to eat fresh meats and common vegetables, well cooked; to eat the ripe fruits and melons of the season; to eat no more cooked fruits, no more pie, no more molasses, the object being to avoid the introduction of glucose, which is an already digested form of food and which has therefore no power as a force-producing agent. The act of transforming the food in the process of digestion gives to the animal economy its force, its power, and whatever of the protoplasmic material may be developed as the result of this action will go to supply the wasting tissues. Thus the purposes of nutrition are fulfilled.—*Philadelphia Medical Times*.

#### R. J. FARQUHARSON, M. D.

THE late Dr. R. J. Farquharson was born at Nashville, Tennessee, July 16, 1824. He passed his youth, until the age of seventeen, at the University of Nashville, from there he went to the University of Pennsylvania, and graduated at the age of twenty. After receiving his diploma he spent two years in hospital service at New Orleans. In 1847 he was appointed assistant surgeon in the United States Navy. He resigned his commission in 1855, and shortly after married Lydia Smith, grand-daughter of the founder of Nashville. During the rebellion he served as surgeon in Andy Johnson's regiment, and during the years of 1863-4 had charge of the United States Military Railroad Hospital at Nashville. In 1869 he removed to Davenport, where he resided until 1881, when he was elected Secretary of the State Board of Health, and removed with his family to Des Moines. He was a man well versed in medicine, literature, and science, and was master of several languages. He was a member of the State Medical Society, the American Public Health Association, the American and English Association for the advancement of Social Science, the American Antiquarian Society, and was the representative for the West of the Institution Ethnographique.

Elsewhere we publish resolutions from

the Polk County Medical Society and from the Scott County Medical Society which show the high esteem his co-laborers had for him.

He died, September sixth, at the age of sixty, and was buried two days later. His brother physicians of the Polk County Medical Society attended his funeral in a body.

CHLORATE OF POTASH A SPECIFIC IN TINEA TARSI AND PORRIGO FAVOSA.—Dr. C. C. P. Clark once had a case of tinea tarsi in a little girl. In spite of all the treatment recommended in the books, the morbid condition of the meibomian glands persisted in pouring out their sticky exudation. Considering its efficacy when internally exhibited as an alterative in certain affections of the mucous membranes, particularly of the mouth and throat, the patient was given full doses of this medicine—about a dram per diem. It worked like a charm. Repeatedly the disease returned, as is its wont, and was as often and as readily subdued. He has since constantly used this medicine in that complaint, and has never been disappointed.

Not long after a lad was brought to the doctors whose scalp was thickly bossed with huge, stinking, porriginous scabs. Reasoning from what was seen in the last-mentioned case, the same remedy was used to stay the morbid secretion in this, and with like good effect. The crusty hummocks disappeared, as a syphilitic node sometimes will under the use of the iodide of potash, only far more rapidly. He who tries this remedy in this disease, in full doses, will not turn again to the scalp-shaving poulticing, etc., which is the customary practice.—*New York Medical Journal*.

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A good location for sale, rent or partnership. Address, Box 119, Glidden, Ia.



# THE Iowa State Medical Reporter.

DES MOINES, JULY, 1884.

## EDITORIAL.

### EDITORIAL NOTES.

THE medical profession of Iowa has lost one of its brightest lights and earnest workers in sanitary science, Dr. R. J. Farquharson, secretary of the State Board of Health, who died on the sixth of September last. We publish, elsewhere, resolutions and notice of his death from his fellow-workers.

\* \* \*

THE Western Iowa Medical Association, a new district society, organized in the early part of September, starts out upon its good work with an able corps of officers: Drs. C. H. Drake, S. A. Mc-Nerney, and W. Davis. The gentlemen engaged in this organization are to be congratulated upon their work. Every movement of this kind, must, necessarily, push the profession of this state a step higher. The REPORTER wishes that their undertaking may prove a success.

\* \* \*

FROM the daily and weekly press of Iowa, we notice that a larger number of influential members of the profession are becoming interested in politics than heretofore. While this may often prove to be a self-sacrifice, yet, by so doing they are obtaining a power that if honorably used in the interest of the profession, may, in the near future, more than repay them for their present sacrifice. We trust that they, and all others, who feel

the rising political pulse of the present time, may never lose sight of the great work to be done in this state. In the majority of the towns of Iowa the physicians are among the leading men. They have the confidence of the community and exercise a constant influence. Every physician who is making this sacrifice should be encouraged by his associates. We hope that others will follow their example.

### IOWA MEDICAL COLLEGES.

THE annual courses of the several Iowa medical colleges will commence in a few weeks. Iowa schools have more than kept up with the advancement of the schools of her sister states. The absence of any large city in this state, so essential in centralizing medical interests, has always been an obstacle against any tendency of the college work assuming the role of a commercial enterprise. They who for years have been carrying on this branch of professional labor, have contributed the most towards building up our professional worth and advancement. This reason, of itself, is sufficient to commend our schools to the favor and support of the profession of the state so long as they are worthy of such support. While we must admit that the clinical advantages of the state cannot, by force of circumstances, equal those of Illinois, New York, Pennsylvania, and others, containing large cities, yet the rudimentary work can be obtained here, as well. The attendance at the schools being smaller, each student can receive more personal advantages. We have two classes of students: one, whose means and time are very limited; another, who have both means and time to acquire a thorough preparation. The first of these classes is unfortunate, as the present requirements

of the physician are such that, unless he has all the modern advantages, he must necessarily enter his professional life under great embarrassment. This class of students should patronize our state institutions, because they will receive at home more encouragement and benefit than their circumstances would give them elsewhere. A large number of the second class of students acquire their education out of the state. All such students who are intending to return and make their home in Iowa will, sooner or later, find that they have a common interest in the profession of the state; for this reason, it is a duty, to do all in their power to aid their state institutions that can add to the professional interests.

No young man who has the means and time for education, should enter his profession without devoting at least five years for his preparation. Why not spend his first three years in his own home, and there obtain his ground work? Afterwards he can finish at one or more of the great medical centers, at less cost and with greater benefit than the same instruction could be obtained as a student. By completing the early part of his work in this state, he will form ties and interests that will at once make him an active member. His experience abroad will enable him to bring back something new, and his education will enable him to be an honor to the state and to his profession.

The term of the Iowa College of Physicians and Surgeons, Des Moines, begins first on the twenty-fourth of September. The term of the Medical Department of the State University of Iowa, Iowa City, and of the College of Physicians and Surgeons, Keokuk, commence on October eight. All of the three schools have adopted and recommend the graded three years course, but have not discontinued

the two course system. The outline of the plan of instruction of each of the schools, as found in the arrangement of the announcement, is much the same.

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**MALARIA IN CHILDREN.**—Dr. Holt (*Amer. Jour. Obstet., Boston Med. and Surg. Jour.*) sums up the results of investigations in one hundred and twenty-eight cases of this disease in children as follows:

*One.* Malaria in early life presents symptoms peculiar to that period, and differs from the same disease in adults as widely as does pneumonia.

*Two.* The classification of cases as remittent or intermittent, and the division into hot, cold and sweating stages as in adults, leads to misapprehensions regarding the course of the disease and confusion of diagnosis.

*Three.* In any acute febrile disease presenting an unusual course, the spleen should always be examined, especially in a district as malarial as New York.

*Four.* In obstinate cases of diarrhoea or bronchitis not affected by ordinary remedies, especially if these symptoms show a tendency to periodicity, malaria should be investigated as a possible cause.

*Five.* Spells of drowsiness and frequent attacks of epigastric pains should always excite suspicion.

*Six.* In children it is even more necessary than in adults carefully to interrogate every organ before making a diagnosis where the symptoms are at all obscure.

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**DURING** the late epidemic of cholera at Cairo it was treated successfully by giving corrosive sublimate in doses of from one-twelfth to one eighth of a grain, frequently repeated, until the symptoms subsided, then gradually leaving off the remedy.

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**DR. T. GAILLARD THOMAS** divides the American women into two classes; one class comprising those who desire above all things to become pregnant, and the other those who are anxious above all not to bear children.—*Louisville Med. Times.*



—THE—

# IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, SEPTEMBER, 1884.

No. 3.

## ORIGINAL ARTICLES.

### IS THE TREATMENT OF MALARIAL FEVER ANTISEPTIC?

BY L. FRENCH, M. D., DAVENPORT.

THERE is nothing so common in our every-day work, but that new ideas and suggestions may arise to change our thought and action. Science is continually perfecting itself, and at the same time adding new material, or advancing upon new ground for study and investigation.

For some time past the use of antiseptics in surgery, or Listerism, as it is sometimes called, has suggested to me, on reflection, the fact that the treatment of malarial diseases has unconsciously become antiseptic, through experience with the use of various drugs, and not on account of the antiseptic principles therein contained, which will hereafter be shown. If Listerism destroys the putrefaction germ in divided living tissues, then there should be antiseptics or germicides capable of destroying the infecting malarial germ, or that of any zymotic disease. In order to make the treatment specific, or entirely successful, the specific germ must be isolated, and its susceptibility to different antiseptics tested. It is not probable that the same germ, floating through the air and producing putrefaction changes in living tissue lesions, is the same which produces malaria, enteric disorders, or any of the exanthemata. I believe the time is not far distant when the specific germ of certain or all infectious diseases will be known and recognized. It is already pretty well confirmed that Prof. Tom-

masi Crudeli, of Rome, and Klebs, of Prague, have isolated the malarial germ, and have given it the name bacillus malariae. They found it in the lower strata of air, and in the soil in known malarial districts, and describe it as a microscopic fungus consisting of numerous shining spores of a longish oval shape, nine micromillimeters in diameter. They afterward generated artificially this fungus in various kinds of soil. The fluid matter thus obtained was filtered and repeatedly washed, and the residuum left after filtration was introduced under the skin of healthy dogs. All the animals experimented upon had the regular typical fever—various in its course.

The animals affected by the fever showed precisely the same acute enlargement of the spleen as human patients who had caught the disease in the regular way; and in the spleens of the animals a large quantity of the characteristic form of fungus was present.

Others allege they have found the bacillus malariae in human patients in a more advanced stage than in the animals operated upon by Crudeli and Klebs. Further and more recent pathological investigations by Dr. Crudeli prove that the bacilli may always be found in the blood during the period of invasion of the fever. Allowing this to be true—that the malarial germ has been found and isolated—we may extend our search indefinitely in hopes of finding more specific means for destroying it while in the blood and living tissues. If this ætiology is correct, antiseptic therapeutics would be the natural resort, with a strong feeling of assurance of final success. Yet it is possible that no more potent remedies may be found in the future than those in

present use, and established by long experience, which we now pass to notice.

The old and approved treatment of malarial fever has drawn together and developed a class of remedies which by experiment and experience proved serviceable, either in modifying or arresting the disease.

The grouping together of these medicines under one class was the work of centuries, and was only accomplished after long and exhaustive trials with all sorts of material from the mineral and vegetable worlds, without any knowledge whatever of their active principles, further than their manifest curative effect. Modern science has shown that these crude remedies were antiseptic, and has extracted the active principles or constituents of this group of what may be called malarial remedies or medicines, and formed with other bases new compounds of entirely different character—most or all of which are found to possess antiseptic properties. The leading remedy in this group is the well known cinchona, Peruvian bark, Jesuit bark—in use by the natives of Peru in fevers, from an unknown period, and was introduced into the civilized world about the middle of the seventeenth century. As early as 1765, Dr. Pringle discovered that it prevented putrefaction, and more recently it has been experimentally proven by Drs. Bing, Hallier, Tavesi, and others, that one part of the alkaloid in three hundred parts of milk, albuminous solution, meat, syrup, etc., will keep in check a long time putrefaction and other fermentations. Cinchona has now been in use more than two hundred years, and has continued to grow in favor from its earliest history to the present day. Times almost without number it has passed through the searching laboratories of the analytical chemist, and years have been devoted to studying its physiological effect upon the human system, to learn, if possible, in what element rests its remedial power in malarial poisoning, and yet it still remains unknown, unless the *antiseptic property is admitted to be that element*, from the poisonous influence it exerts upon infusorial life. Prof. Bing has demonstrated that the antiseptic ac-

tion of quinine is due to the poisonous influence upon the fungi, which are the immediate cause of fermentation. According to his experiments, the larger infusoria, such as paramecia and colpoda are killed by a solution of quinine of the strength of one in eight hundred, immediately; of one in one thousand, after some minutes; of one in twenty thousand, after some hours. Upon the ordinary mould penicillium, upon vibrios and bacteria, as well as upon the higher infusoria, quinine acts with a similar fatality. Quinine, the chief alkaloid of cinchona, is probably the most powerful germicide known in the vegetable kingdom. Its power for destroying micro-organisms of various genera, and its harmless toxical effect on the human system, render it peculiarly adapted to the treatment of fevers, and all zymotic diseases. It can be administered in fabulous doses without producing any unfavorable effect. Page 62, H. C. Wood's Therapeutics, Materia Medica, and Toxicology, says the *minimum fatal dose* of quinine is not known, and reports three cases in which one ounce each was taken, stirred up in a little water, without producing any more serious symptoms than a mild stupor.

The mineral arsenic, in the form of arsenious acid, was first introduced into modern Europe at the beginning of the seventeenth century for the cure of intermittent fever, and after a time came into constant requisition on account of its febrifuge qualities. Modern experiments prove that it is a powerful antiseptic, *to which, no doubt, the febrifuge action is probably due*. Later experience, however, shows that it is best adapted to the treatment of chronic malarial affections. Though it has passed through periods of favor and opposition, arsenic still continues to maintain its position as an antiperiodic and febrifuge, throughout the world, to this day, and holds a therapeutic position second only to cinchona and its alkaloids in the treatment of malaria. In cases and conditions where quinine is not tolerated or assimilated, arsenic can be relied upon as a valuable substitute. On account of dreaded toxical effects, arsenic has probably not been used with that freedom and boldness



which its value demands. In stubborn cases of intermittents, I have found arsenic a valuable aid to the action of quinine in shortening and controlling the disease.

Mercury, at one time, was considered essential in the treatment of fevers, in connection with other remedies, on account of its action as an alterative in stimulating the liver and alimentary canal, but has fallen very much into disuse. Nevertheless, it is a valuable remedy in connection with quinine, not only as an alterative, but as a stimulant to the glandular system, and as an *antiseptic* of no small value. Many times I have seen lingering fevers yield immediately after a few doses of blue mass or calomel were added to the general treatment. The unpleasant toxic effect of calomel confines the use of the remedy within certain limits, and, no doubt, is the reason why it is not used more freely than it is. The action of calomel, according to the theory of Mialhe, is through the conversion of a small portion of it into corrosive sublimate by the chlorides of the stomach.

In chronic malarial cases I have lately given a solution, thirtieth or sixtieth of a grain to a dose of mercuric bichloride, in connection with other remedies, as an *antiseptic*, thus far with satisfactory results, but have not had experience enough at present to justify an opinion, although sufficient to encourage further trial, with the expectation of affording more speedy relief to the patient.

The eucalyptus globulous is often a valuable remedy in asthenic and dyspeptic cases of malarial fever, being an *antiseptic* which arrests fermentative changes of the contents of the stomach, and thereby promotes digestion. It will sometimes cure cases of tertian-intermittent in which more reliable remedies have failed. In three cases of tertian ague, I have seen fifteen drops of the fluid extract of eucalyptus globulous, administered every fourth hour, arrest the disease before the third paroxysm, and result in a perfect cure—even after thorough treatment with quinine had proved worthless. It seems the antiseptic properties are not sufficient, or of the right character, to destroy the bacillus mala-

riae, except in cases where, from some unknown cause, quinine proves inert.

Muriate of ammonia was at one time a popular remedy in India, and other tropical malarious countries, in all types of fever, but has been superseded by other remedies. I have found it many times beneficial in diarrhoeal complications in fevers, particularly where there is a fermentative condition of the contents of the stomach and alimentary canal—instead of increasing the irritation of the mucus membrane, in these cases, it relieves it at once, and I believe the change is produced by its *destructive action on fungi and micro-organisms*, which, no doubt, are the exciting causes of such disturbances, and which other antiseptic or febrifuge remedies do not reach in the treatment of fever. Muriate of ammonia has a marked effect upon the capillary circulation and upon the liver, and I find it serviceable in cases complicated with neuralgic pains about the back and limbs, and also useful in the bronchial complications occasionally met with in malarial fever. Not being decidedly antiseptic, probably may account for its falling into disfavor, though it possesses strong germicidal power.

Resorcin is one of the many new antiseptic remedies deserving consideration on account of the favorable reports from able authority, in relation to its antiseptic and antithermic properties. I have had no experience with the drug, thus far, worthy of notice. The taste is pleasant and sweetish, resembling that of the salicylate of soda. In the *American Journal of the Medical Sciences*, July, 1884, page 270, may be found this statement, which I copy in full: "In intermittent fever, the action of resorcin seems to have fully justified the hopes of its experimenters, and Kahler regards it as quite equal to quinine. The cures of intermittent fever by resorcin may now be counted by the hundred, and the recent observations of Bassi, Rhigi, Lichtheim, Kahler, and others, leave no doubt as to its efficacy. Besides this effect on the temperature, it has the advantage that it may be administered at the beginning of the access of the fever; in fact, this is the best time for administering it,

as its effect is very evanescent. Lichtheim gives one large dose of 45 grains."

Salicylic acid is a prominent and decided antiseptic and antipyretic; it has been used successfully as an antiperiodic, though the poisonous effect upon the malarial germ is not so powerful as that of quinine; but is nearly or quite equal to some of the other cinchona salts or arsenic. Further experience as an antiperiodic, or malarial remedy, may prove it to be of much more value than is now claimed for it. In the form of salicylate of soda, I have found it a valuable aid to the action of quinine in obstinate malarial fevers where quinine had seemed to have lost its specific antiseptic power. Phenic acid, phenylic alcohol, carbolic acid, is a popular antiseptic and powerful germicide, but has been much overrated in its wide range of application. At one time the profession were inclined to place great reliance upon it as an internal remedy in zymotic diseases—but experience with it has in no way justified their expectations. Its chief use now in medicine is for its local effect, principally in antiseptic surgery.

Gelsemium is comparatively a new remedy in malarial fever, and possesses properties which, no doubt, are poisonous to micro-organisms, particularly the *malarial germ*. H. C. Wood, in his treatise on Therapeutics, places it as a nerve depressent, and gives the physiological action of the drug on man; presenting therewith the investigations of Ringer, Murrell, Bartholow, and others. It appears in some way, he says, to depress the bodily temperature, but certainly possesses no controlling influence over the arterial system at all comparable to that of veratum viride and aconite. He gives no reason why it controls malarial temperature, though it would seem rational to suppose that it was due to *antiseptic properties*, as all other temperature depressents, so far as I know at present, are more or less antiseptic. It has not been claimed by any investigator, so far as I can learn, to possess any antiseptic properties whatever. Yet believing its curative principles in fevers are confined to the antiseptic or germicidal action of the drug, induced me to make one simple experiment to prove it. I took two glasses

just alike, and put in each glass about four ounces of hydrant water; to one glass I added eighteen drops of fluid extract of gelsemium; to each glass was then added about three drams of fresh meat. In sixteen hours the piece of meat immersed in the water alone was quite putrid, while that in the solution of gelsemium was apparently unchanged. This experiment was made in the warmest days of July last, when the temperature of the room was not below 75°, F.

My object in thus bringing before you this subject, is to show, as plainly as I can, that the remedies most useful in malarial fevers are both antiseptic and antipyretic. Muriate of ammonia and mercury are not decided febrifuges, but possess antiseptic properties which render them valuable in the treatment of acute and chronic malarial fevers. All the other remedies mentioned, viz., cinchona, and cinchona alkaloids, arsenic, resorcin, salicylic acid, gelsemium, and eucalyptus, possess both antiseptic and antipyretic properties.

I find in looking over the *materia medica* all the chief remedies that are called temperature depressents are more or less antiseptic, and have no depressing action upon the circulation, either in force or volume. It is true that aconite and veratum viride sometimes lower the temperature in inflammatory fevers, but do it mechanically at the expense of the circulation, by depressing the force and action of the heart.

It is enough to lead one almost, or quite, to the conclusion that all fevers, except the purely inflammatory, are excited by a germ peculiar to each particular type of fever. The *bacillus malarie* would not be capable of exciting a typhus, a typhoid, a catarrhal, or a continued fever. It appears plain, on reflection, that we owe our success in the treatment of malarial fever to appropriate antiseptic remedies. H. C. Wood, in his *Therapeutics and Materia Medica*, has ventured to admit the necessity of a recognized antiseptic therapeutics, and has already entered a class of remedies which he calls "*antizymotic*;" consequently, it is easy to infer that the drift of thought is tending more than ever to antiseptic and antizymotic remedies.



## CROTALISM.

BY D. S. FAIRCHILD, M. D., AMES.

It may not be improper to record some investigations made upon diseases of horses in a medical journal. Trusting to the indulgence of the *REPORTER*, I will present some inquiries made into the nature of a disease which has prevailed among horses in the Missouri Valley for some years past, popularly known as the "bottom disease."

In response to requests made by farmers in Monona county, Professor Stalker, State Veterinarian, was dispatched to that locality to make the necessary investigations. After making some provisional inquiries, he at once determined that the disease had never been discussed in medical literature, and that the most exhaustive investigation was necessary to its full elucidation. The Professor, therefore, requested J. C. Milnes, Veterinary Surgeon, of Cedar Rapids, and myself to assist him.

We reached Sloan, Monona county, August 1, 1884, and ascertained that a considerable number of horses in that region had died of the "new disease," and that considerable anxiety was felt as to the results of our inquiry. We also ascertained that the disease had been most prevalent in a portion of the township partly inclosed by a bend in the Missouri river, but was not absolutely confined to that locality. A large number of farmers had lost from one to ten or twelve horses during the last few years, the greatest mortality occurring during the years 1882 and 1884, when vegetation was richest.

On investigating the symptoms a marked uniformity was observed. The animals were first noticed to become dull and stupid, inclined to stand with their eyes closed and their heads drooping. They soon lost their appetites, eating sparingly of grass, weeds, and grain; bowels were generally constipated, thirst considerable. In from two to three weeks after the first symptoms appeared, cerebral and spinal symptoms became marked. The animal would wander off in an aimless manner, and might be found miles from home, or would run into barbed

wire fences, and suffer serious lacerations. The power of co-ordinating the locomotive apparatus was considerably impaired. On attempting to pass through a gateway would run against the gatepost, or, on attempting to enter the doorway, would run against the side of the barn. Emaciation was progressive, and the general weakness or paralysis which was most marked in the hind extremities, increased until the animal died apparently from exhaustion, in from four to eight weeks. In some cases the animals became frenzied, and, when thus attacked, death occurred much earlier.

We commenced our investigations by killing horses sick with this disease, and making thorough and careful post mortem examinations. The temperature of the slaughtered animals varied from ninety-six and four-tenths to one hundred and six-tenths degrees; pulse, from thirty-six to forty; respirations from eighteen to thirty-six. The stomach was found anemic and greatly distended with partly digested food. The intestines contained the usual amount of material. The spleen was considerably enlarged, and indurated from the proliferation of connective tissue, to such an extent as to nearly obliterate the ascini. The liver was found to be in a similar condition, and increased to nearly twice its natural weight. A microscopical examination revealed a very marked increase of the inter-lobular connective tissue, with more or less advanced granular degeneration of the lobules, the change commencing in the periphery of the lobule, and extending towards the center. The organs of the thoracic cavity were in a normal condition, except that the lungs were somewhat hyperemic, and ventricles of the heart were full of blood, and the walls flabby. On exposing the brain, the vessels of the pia mater were highly injected, especially of the medulla oblongata, and pons varolii. The most marked change, and one which was invariably found, was a partly organized hemorrhagic exudate, extending from the middle and posterior cerebellar peduncles of one side, to the same point on the opposite side, resting on the medulla oblongata, and bridging across the fourth ventricle. This exudate occupied nearly all the space covered by the cerebellum.

On making sections of the cerebrum and cerebellum the structures were found normal, but on opening the lateral ventricles, the vessels of the choroid plexus were found highly injected.

To make the investigation more complete, two horses were purchased and made the subjects of experiment at the veterinary hospital of the Agricultural College. A quantity of a suspected plant, identified by Professor Bessey as the *Crotalaria sagittalis*, which grows in great quantities in the Missouri Valley, was obtained. A strong infusion was made and a large quantity given to the first animal. In a few hours the horse became dull and unsteady in its movements, great weakness was observed, especially in its hind-quarters; appetite was lost. The next day, the animal having nearly recovered from the effects of the first dose, another larger quantity was administered; the same symptoms appeared, but more rapidly and with greater intensity. The animal became stupid, manifested greater weakness in its hind-quarters, which soon became paralyzed, and the horse soon died from paralysis, apparently, of the spinal cord. Post mortem examination revealed great congestion of liver and spleen, and an intensely hyperemic condition of the vessels of pia mater of the base of the brain. The same hemorrhagic exudate was observed about the crura cerebelli and fourth ventricle, as in the foregoing cases.

The second animal was given smaller quantities. On the fifth day the same symptoms were manifested as in the first case, but less intense. The paralysis was slower in its manifestations, apparently commencing in the periflural nerve terminations and extending to the spinal cord. The horse died at the end of two weeks.

Post mortem: the liver, spleen and lungs were intensely hyperemic. The heart had become arrested in diastole, the ventricles were full of blood. The same condition of the central nervous system was found as in the cases described, except that a large serous effusion was found in the arachnoid cavity.

It will be observed from the description of the above cases, that the poison ex-

pended itself primarily upon the nervous system. The intense hyperemia of pia mater of the base of the brain and of the choroid plexus of the lateral ventricles, with the hemorrhagic exudate about the fourth ventricle indicate the profound disturbance in the functions of this organ. Whether the primary effect of the poison was upon this part of the nervous system or upon the peripheral nerve fibres it is impossible to determine in the present state of our knowledge, but it would seem probable that the effect upon the circulation of the brain was co-incident with the changes occurring in the nerve fibres themselves, commencing in the peripheral terminations of the motor nerves, and extending into the cord. The immediate cause of death being the paralysis of the peripheral fibers of the vagus nerve, the heart stopping in diastole. The coincident paralysis of the vaso-motor nerves permitting the congestion of the internal organs, notably of the liver and spleen. In the cases where the poisoning was chronic, the paralysis of the digestive organs permitted the accumulation of large quantities of partly digested food, particularly in the stomach, with consequent emaciation. The long continued congestion of the liver and spleen lead to hyperplasia of connective tissue in these organs, and hence the induration.

It will be seen, that the symptoms presented bear a close resemblance to those produced by calabar bean.

Prof. Pope is endeavoring to isolate an active principal or alkaloid, with which further experiments will be made to determine its exact physiological effects.

Professor Bessey assures me that the plant *Crotalaria sagittalis* has never been described, and, therefore, little or nothing was previously known of it, or its action on the animal economy. Its action appears to be somewhat like that of the "loco" plant, found in Arizona and Colorado, except in the primary symptoms. In poisoning from the latter plant, the animal manifests a species of intoxication, and becomes wild and unmanageable, stupor does not appear until near the fatal termination, while in poisoning from *Crotalaria sagittalis*, the stupor and



motor paralysis are the first symptoms to appear, and persist in increasing intensity to the end.

Dr. J. T. Rothrock, surgeon and botanist, to the United States geographical survey west of the one hundredth meridian, 1873-75, Vol., 9, page 43, writes as follows:

"Oxytropis Lamberti, Pursh, in Colorado, and Astragalus Hornii, and Astragalus Lentiginosus, var Fremontii, are known as loco plants. The term loco, simply meaning foolish, is applied because of the peculiar form of dementia induced in the animals that are in the habit of eating the plant. In Arizona, that Hasackia Purshina produces effects, I was told, similar to the above plants, but I have no certain knowledge concerning it.

"Whether the animals (horses chiefly), begin to eat the plant from necessity (which is not likely), or from choice, I am unable to say. Certain it is, however, that once commenced, they continue it, passing through temporary intoxication to a complete nervous and muscular wreck in the later stages, when it has developed into a fully marked disease, which terminates in death from starvation, or inability to digest a more nourishing food. The animal towards the last becomes stupid or wild, or even vicious, or again acting as though attacked with blind 'staggers.'"

Professor H. C. Wood, has obtained an organic extract or alkaloid from *Sophora speciosa*, a Texan plant used by the Indians of southwestern Texas as an intoxicant which he named *Sophoria*. In its action it resembles calabar bean (*Journal Nervous Diseases*, volume 4, page 826; *Philadelphia Medical Times*, volume 7, page 510).

We offer this as a provisional contribution, realizing its imperfections, but hope on some future occasion to present the subject in a more scientific manner.

Mr. G. M. Osborn, veterinary student, who had immediate charge of the experiment furnishes me the following data:

CASE I, 2:30 P. M., August 20, 1884.—Pulse, forty-eight; respiration, nineteen; temperature, one hundred. Three gallons of the infusion were given and in a

short time respiration was increased and quite labored.

3:30 P. M. Pulse, quick and irregular; respiration, fifty-one, and stentorous in character; temperature, ninety-nine.

3:55 P. M. Muscular twitchings and stupor; respiration, three or four; quick inspiration followed by a long, deep inspiration.

4 P. M. Respiration, fifty-four; temperature, one hundred; evidence of pain; foci passed of much softer character.

5 P. M. Standing with limbs braced; pulse, thirty-eight, full but feeble; respiration, forty; temperature, one hundred and one; ears and extremities cold; giving away of posterior limbs.

6 P. M. Pulse, fifty; respiration, forty-six; temperature, one hundred and two; spasmodic action of muscles.

7 P. M. Pulse, fifty; respiration, forty-four; temperature, one hundred and three.

7:25 P. M. Ate a little grain.

8 P. M. Pulse, normal; respiration, forty-four; temperature, one hundred and four. Was left for the night.

2:15 P. M., August 21. Continued experiment. Gave two gallons of the infusion.

2:20 P. M. Profuse perspiration; passed urine of milky color.

2:45 P. M. Pulse feeble and irregular; respiration, fifty-six; temperature, ninety-nine.

3 P. M. Fell down; tries frequently to rise but fails.

3:40 P. M. Died.

Case II, September 5.—Gave two quarts of the infusion daily. Gave evidence of weakness about September 10. Oedematous swellings of the posterior limbs.

September 18. Died.

## THE TREATMENT OF EMPYEMA.

BY H. U. BRAUNLICH, M. D., DAVENPORT.

There is probably no disease in which the principles of treatment have undergone a more radical change during the last twenty years than in empyema.

The results of this change, though not so striking, perhaps, as those obtained in other branches of surgery, have, nevertheless, been such as to relieve much suf-

fering and to cure many cases which before seemed quite hopeless.

This change in treatment is partly due to the invention of the aspirator by Dieulafoy, but mostly to the great attention that has been paid to physical diagnosis.

The physical signs of empyema are the same as those of any other form of pleuritic effusion.

On inspection, there is restricted respiratory movement on the affected side; bulging of the intercostal spaces, and the heart-beat is seen in an abnormal position.

On mensuration, the affected side will be found to be enlarged, especially in the antero-posterior diameter.

On palpation, the heart-beat is felt in an abnormal position, being pushed toward the sound side. The liver, if the effusion be on the right side, may be pushed downward. Vocal fremitus is weakened or entirely lost over the effusion and intensified above the level of the fluid.

On percussion, the sound is absolutely flat over the effusion, while under the clavicle, the percussion sound often has a tympanitic quality.

On auscultation, there is entire absence of respiratory and vocal sounds except over the apex of the lung, where the respiratory murmur is of a bronchial character.

On the sound side the respiratory movement is increased, the percussion sound is extra resonant, and the respiratory murmur exaggerated.

These symptoms simply indicate the presence of fluid in the pleural cavity, be it sero-firinous, sero-albuminous or purulent. But when to these signs are added such symptoms as great emaciation and pallor, hectic fever, night sweating, diarrhoea, etc., the probabilities are that the fluid is pus; but this presumption can only be verified by an exploratory puncture. For this purpose, a large hypodermic needle may be employed, but the aspirator is preferable, for with it some fluid may be withdrawn at once, and it frequently occurs that large serous effusions are altogether absorbed after withdrawing only a few ounces of fluid. If the effusion be pus, the aspiration of a

part of the fluid is a necessary step to further procedures.

In children, purulent effusions may often be cured by repeated aspirations, and within the last few months, I have seen a case in a boy of eight years, who was in a very bad condition, in whom a large effusion was absorbed after withdrawing only four ounces of thick pus.

Theoretically, purulent effusions are never absorbed, but in practice they sometimes are.

In adults repeated aspirations should not be employed, as pus always continues to be effused and the patient soon dies of exhaustion.

One or two aspirations should be made to gradually diminish the amount of fluid. Sudden death sometimes occurs during or after aspiration. This is usually due to heart clot, but sometimes, as Bartels suggests, to the heart changing its position too rapidly, thus bending the vena cava on itself as it passes through the foramen quadratum.

To prevent this first accident, heart clot, it has been suggested to administer the salts of ammonia, to diminish the coagulating power of the blood. The effects of this treatment on the plasticity of the blood, is to say the least, questionable. To prevent death from the second cause, the bending of the vena cava on itself, too much fluid must not be withdrawn at one time. Aspiration must be discontinued as soon as there are signs of constriction, and more than forty ounces should not be withdrawn at one sitting under any circumstances.

After the effusion has been diminished by this means in the adult, a free opening through the chest wall should be made to allow free exit of pus. This opening should be made as soon as possible, for by delaying, the patient's condition will grow worse and the lung will not so readily re-expand after the fluid is withdrawn. Beside this, the pus may find an exit through a bronchial tube, which if it does not cause death by suffocation, will often put the patient in a condition not much better than death. Or the pus may find an opening through the diaphragm, causing a fatal peritonitis; or by a tortuous course through the



chest wall, which will not save the patient an operation except at the expense of months of suffering.

The question now arises as to the best point for making this opening. It should not be made too low down as there might be danger of wounding the diaphragm and liver on the right side, or the diaphragm and spleen on the left. The best point for the opening and also for aspiration is in the fifth or sixth intercostal space in a line with the posterior axillary fold.

The objection may be made, that this point is too high to allow of free drainage. The whole object of the fistula is to allow the pus to escape as rapidly as it is formed, thus allowing the cavity to gradually contract. Besides, when the patient assumes the prone position, the pus will exude as readily as when the opening is farther down.

The opening may be made with a scalpel, or what is better, with a short trocar and canula, the drainage tube being inserted through the canula when the trocar is withdrawn.

The danger from septicæmia is not so great when the trocar is used as when an incision is made, as the trocar compresses the vessels of the part, thus preventing, to a great extent, the absorption of septic matter.

To avoid wounding the intercostal artery, the incision, when the scalpel is used, should be made near the upper border of the rib; with the trocar this accident is not likely to occur.

It has been recommended, and practiced too, to make two openings through the chest wall for through drainage, passing the drainage tube into one opening and out of the other.

The danger from septicæmia is just twice as great when two openings are made as when only one is made. Septic matter can enter the circulation only by means of these wounds, as the pyrogenic walls of the cavity do not absorb. For this increase of danger, nothing is gained by through drainages. The pus will escape as readily from one opening as from two. It is said the cavity can be more thoroughly washed out when two openings exist. In the first place, it is usually

altogether unnecessary to wash out the cavity; and in the second place, if it is necessary to wash it out, it is impossible to bring the fluid in contact with every part of the wall of the cavity when two openings exist, as the fluid will flow out at one opening as fast as it is injected into the other.

It is unnecessary to wash out the cavity every one or two days with solutions of carbolic acid, iodine, mercuric chloride or other antiseptics unless the pus be very offensive and the comfort of the patient demands it. As the lining membrane of the cavity is not an absorbing membrane, and the whole danger from absorption of septic matter is at the fistulous opening, this danger can be prevented by simpler means than by washing out the cavity. By cleanliness, and by washing the wound several times daily with some antiseptic lotion, the same result is obtained with much less trouble and worry to the patient. Besides, statistics show that a larger proportion of cases recover, and in shorter time, when injections are not used. A pad of oakum should be applied over the opening to absorb the pus as it is effused.

The drainage tube should be retained in the opening until only a few drops of pus are secreted in twenty-four hours, when it should be withdrawn and the fistula allowed to heal.

The cavity is gradually closed, first, by re-expansion of the lung; second, by falling in of the chest wall; third, by the diaphragm being drawn upward, and fourth, by the formation of new connective tissue.

As for the general treatment, good food, fresh air and the moderate use of stimulants are required.

If the fever, diarrhœa, or night sweating do not subside soon after the fistula is made, the usual remedies should be given. Iron in some form, especially in the form of the iodide, cod-liver oil, and quinine do much to sustain the powers of the patient and make up for the drain on the system from this prolonged suppuration.

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A GOOD location for sale, rent or partnership. Address, Box 117, Glidden, Ia.

REPORT OF CASE.

A SINGULAR CASE.

BY J. P. SAVAGE, M. D., SIOUX CITY.

Mrs. B., age 23, married, came to me for treatment on September third.

Upon questioning her I found the principal difficulty, in her estimation, and the only one for which it seems she came for advice and treatment, was a swelling in her groin.

I elicited from her the following: "I am subject to these swelling either on one side or the other about once a month. They have never opened and discharged, but I am in fear always that they will, and this time particularly for it seems more sensitive. I have called to see if you can prevent such a termination?"

The regularity with which they appeared, seemed to me singular, and caused me to question her, which I did, with positive assurance from her that she was correct in her statement.

There was also complaint of a "bearing down sensation" which she (correctly, I believe,) attributed to her womb, but as to the true nature of this bearing down difficulty I am still ignorant, as she preferred not to have an examination, because her husband objected.

The regularity of the swellings and her husband objecting to an examination, aroused a high degree of curiosity, or I would have refused farther to take interest in the case, from the refusal of examination, but feel repaid that I continued, with only subjective symptoms. Farther questioning revealed the following: "My menstruation is regular to the day, my bowels move regularly." Here I noticed a facial expression which I mistook for timidity but found my mistake when, to the question: "How often do they move?" she replied, "Once a month." I repeated the question, stating that I did not refer to her monthly sickness, but to an evacuation of the bowels, when she responded "I understand you, and knew you would question my answer, and that is why I smiled when you first asked me how often my bowels moved—they move regularly to the day, once a month, and the day following I am sure to have my

monthly sickness. My bowels never move oftener, and have not since I was nineteen (19) years of age, at which time I had a severe attack of scarlet fever followed by diphtheria, which my old family physician says is the cause of the change in the action of my bowels. My bowels never trouble me in any way, either from pain, or fullness or colic. My digestion is good, have no trouble with my stomach, I eat my meals regularly—morning, noon, and evening. Am not what you would call a hearty eater. My breakfast usually consists of a glass of milk, one to two slices of bread; my dinner consists of a little soup or milk, very little meat or vegetables, some bread, and when I can get it a very little fruit. My suppers are of milk and crackers. Never drink tea or coffee. Only being willing for me to prescribe for the "swelling," as the other changes she did not consider of enough importance to have treated, I did so, asking her to call again in a few days.

Mrs. B. has been in my office a number of times since her first visit in September, feeling well, looking cheerful and bright, with an elastic step, apparently in perfection both physically and mentally.

A GOOD drug stock, with or without store room, a fine two-story eight room residence, with suitable outbuildings, and physician's paying practice, for sale at a bargain if sold soon. Address Lock Box 8, Harper, Keokuk County, Iowa.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, October 7, 1884.  
Movemnt of population for September:

	Men	Women	Total
Remaining, August 31.....	338	268	606
Admitted, curable cases...	5	3	8
Admitted, incurable cases..	9	5	14
Whole number treated...	352	276	628
Discharged, recovered .....	7	2	9
Discharged, improved .....	8	3	11
Discharged, unimproved...	3	0	3
Discharged, died.....	4	4	8
Remaining, September 30. .	338	268	606

GERSHOM H. HILL, Supt.



## SOCIETY REPORTS.

### CLINTON COUNTY MEDICAL SOCIETY.

CLINTON, October 1, 1884.

ON January 16, 1857, Clinton County Medical Society was organized with a membership of ten. The first meeting was held at Camanche, and was adjourned to meet at Lyons, on March 16, where they adopted their constitution and by-laws, and admitted six new members.

The preamble to their constitution is as follows:

"To maintain and elevate the standard of the profession; to promote the harmony and usefulness of its members, as well as to secure their just rights and privileges; to extend the boundaries of medical knowledge; and to secure all means to improve the health and protect the lives of community."

Their first delegate to the Iowa State Medical Society was sent in 1859, with a request that that society admit none but delegates from counties that had societies. The reason of the request appears in their journal: A certain man had been refused election to membership on account of irregularities in his credentials. He had attended the State Society and had been admitted a member.

Meetings were held semi-annually, in various parts of the county, until 1861, when the majority of its members went into the army. The society was revived in 1866, and held semi-annual meetings until 1869, when it reorganized with a membership of fifteen, and resolved to meet quarterly. In 1873 the society passed through a crisis. The county board of supervisors offered the poor business to the lowest bidder, contract, for the year. It was decided contrary to the code of ethics to put in such bids, and was forbidden by the by-laws of the society. Several members had put in bids, and refused to withdraw them. A special meeting was called in March, 1874, and after trial, two members were expelled. An attempt was made to bring this matter before the State Society, and a protest was entered against said society for admitting members who took these contracts. The American Medical As-

sociation, decided that the rule against taking contracts was repealed in 1870, and no action need be taken at the present time.

As it now stands, hardly a county in the state employs a regular physician to do the poor business. Most irregulars can afford to do business for less rates than the regular profession, and are recognized as doctors by the supervisors, and their bids taken. A whole race of them over the state are being thus supported. This and the uncharitableness of leaving an unfortunate class to such care, and the lowering of professional standard, makes it a matter that ought to occupy the attention of the State Society.

The question has been confounded with that of doing business for corporations, or associate institutions, where a fixed price or salary is agreed on for the year, or per patient; this should be separated entirely from taking county poor business by bids, at the lowest rates, as the conditions are entirely different.

At the annual meeting in 1880, a delegation from Whitesides County (Illinois) Medical Society, presented a proposition to unite with them. At the July meeting, the final arrangements were perfected. It was agreed that each society should elect their own officers in October, and hold their annual session separately, and that the quarterly meetings should be held jointly. After a three years' trial, it was found that the interest in the meetings could not be sustained, and, in 1884, the society returned to its original plan.

Clinton County Medical Society now has a membership of twenty-five and is in a flourishing condition. Its meetings are fairly well attended, and its papers and discussions well sustained. Many of its papers have been published in the current journals. It promotes good feeling and harmony among its members, and keeps them up to the advances of the profession. The harmony of the society has never been disturbed, except on the contract question. It has had unworthy and ignorant members that came in on various credentials, but it soon eliminated them, and is now endeavoring to maintain the highest character of the profession.

## SOCIETY OF PHYSICIANS AND SURGEONS OF MUSCATINE COUNTY.

WEST LIBERTY, October 9, 1884.

SOCIETY met at Dr. E. H. King's office.

Meeting called to order with President King in the chair.

Members present: Drs. King, Cobb, Cooling, A. Ady, E. Ady, Merrill, C. W. Smith, J. L. Smith, Avery, and Leith.

Minutes of last meeting read and approved.

The name of Dr. C. E. Ruth was proposed for membership and referred to board of censors who reported favorably, and he was elected a member.

Paper by Dr. A. Ady, on "Location of Cervix," was read; and, on motion of S. Merrill, paper was received and discussed by those present.

On motion, adjourned to 1:45.

Society called to order by President.

Paper read by Dr. Merrill on "Delivery of the Placenta in Premature Labor."

Paper received and discussed by members.

Dr. C. E. Ruth reported a case of placenta previa. Child of 13 was taken with hemorrhage and in about two hours placenta came away and flooding ceased. In about four hours he was called and found placenta external, and the right hand of a child presenting but no hemorrhages. Performed versio bifolar method and brought down breach and delivered a dead foetus; mother made good recovery.

Dr. Ady report the removal of testicle which weighed four pounds, and after microscopical examination it was found to be aneuphaloid cancer.

On motion, Society proceeded to the election of officers for ensuing year with the following result:

*President*—E. H. King.

*Vice President*—S. M. Cobb.

*Secretary*—A. R. Leith.

*Treasurer*—C. E. Ruth.

*Board of Censors*—G. O. Morgridge, E. Ady, A. A. Cooling.

Society adjourned to meet in Muscatine first Thursday in December.

A. R. LEITH, *Secretary*.

## SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, October 2, 1884.

At the Academy of Science on the evening of the above date, the Scott County Medical Society held its stated meeting with President McCowen in the chair.

The following members in attendance: Drs. McCowen, Baker, Tomson, Grant, Braunlich, Byrne, and Maxwell.

The usual transactions of the Society were disposed of, including a favorable report of the censors in the reception of Dr. J. P. Crawford to membership.

The reading of the essay for the occasion, entitled, "The Treatment of Empyema," by Dr. Braunlich, was listened to with interest.

The paper was received with the thanks of the society.

The following is a synopsis of the discussion, which was opened by Dr. Grant, who did not share in the fear of blood-poisoning from the second opening; he thought there was no danger from so small an opening, that there was far more danger from allowing the pus to remain in the cavity; better drainage could be secured by pressure above if two openings were made than is possible from one only. He thought antiseptic injections hastened the cure—always used them in his own practice; thought it justifiable to cut away a piece of rib, if necessary to get a good opening, thought the chief indications were: supporting treatment, fresh air, exercise, antiseptic injections, and a dressing of oakum to prevent access of air to the cavity.

Dr. Tomson queried if the air could be excluded, and whether its admission would do any harm.

Dr. Grant thought it could be excluded, and while not so important in private as in hospital practice, it was just as necessary to protect such a case from the admission of germs as any other wound.

Dr. Baker had learned from experience that air was not always detrimental; that in one case of his when air was entirely excluded, the patient suffered greatly from dyspnoea, but immediately on injecting air into the cavity the distressing symptoms disappeared.



Dr. Braunlich, in closing the discussion, said his main reason for omitting injections, was the adherence to the published statistics of Prof. Loomis, of New York, who had, in a large number of cases, a higher percentage of recoveries, and in shorter time, by treatment without injections in empyema.

D. P. MAXWELL, Sec'y.

IOWA HOSPITAL FOR THE INSANE

Mt. Pleasant, October 1, 1884.  
Report for September:

	Men	Women	Total
Remaining August 31.....	255	222	477
Admitted in September....	18	12	30
Returned from visit.....	6	1	7
Total under care in the month.....	279	235	514
Discharged during month..	10	13	23
Daily average.....	262	223	486
Discharged, recovered.....	5	5	10
Discharged, improved.....	1	5	6
Discharged, unimproved...	3	2	5
Discharged, died.....	1	1	2
Remaining September 31. .	269	222	491

H. A. GILMAN, Supt.

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

Glenwood, October 1, 1884.  
Movement of population for September:  
Present, August 31.....256  
Admitted during September.... 4—260  
Discharged during September... 10  
Died during September..... 1  
Transferred to Insane Asylum.. 0— 11

Present, September 30..... 249  
F. M. POWELL, Supt.

SOLDIERS' ORPHANS' HOME.

Davenport, October 1, 1884.  
Movement of population for September:  
Present, September 1.....243  
Admitted during September.... 6—249  
Discharged during September... 11  
Remaining, September 30..... 238  
Of these 109 were girls and 129 boys.  
All are well. There has been no sickness since August, 1883.

S. W. PIERCE, Supt.

PRACTICE OF MEDICINE.

ON THE ÆTIOLOGY OF PHTHISIS—Dr. J. Andrew, in his third lecture in the Lumelian course (*Brit. Med. Jour.*, April 19, 1884), gives his conclusions in regard to the contagiousness of phthisis as follows:

First. The historico-geographical argument is insufficient to prove that the present distribution of phthisis is brought about by the carriage along lines of human intercourse, of a special morbid germ. Indeed, many of the facts under this head are distinctly antagonistic to any such theory.

Second. Before the discovery of the bacillus, one and all of the reported causes of phthisis were inadequate to account for its distribution, or for the anatomical and clinical characters of the disease.

Third. These causes, even those which appeared to act as exciting causes, were all predisposing causes only.

Fourth. From the nature of these predisposing causes, their relation to each other, and the conditions under which their influence seemed to make itself felt, it was a probable inference that phthisis belonged to the group of specific febrile diseases; and this view was held by some writers in the face of many difficulties and perplexities.

Fifth. The facts on which this inference was based were insufficient to prove that phthisis was personally contagious, and were, indeed, rather opposed to any such notion.

Sixth. The discovery of the bacillus proved that phthisis was a specific febrile disease; and thus the question of contagion cannot now be usefully discussed without acknowledging this fact.

Seventh. As some specific febrile diseases are contagious, and others not so, this property existing in very different degrees and modes in different members of the group, the question as to the contagiousness or phthisis can only be satisfactorily answered by determining its affinities with other members of the group, and by distinct evidence of its contagiousness.

Eighth. Although phthisis may be undoubtedly produced in many ways, experimentally, in animals and also in man, there is not sufficient evidence to prove that its prevalence is materially affected by direct contagion.

Ninth. In many most important respects it very closely resembles ague.

Tenth. It is at least highly probable that the exciting cause of phthisis, like that of ague, the bacillus, or some other micro-organism, is in no way dependent upon man for its existence, and is widely diffused, irrespective of human agency.

From these I may be allowed to make one short practical deduction, viz., that the prevention of phthisis, like that of ague, is to be attained by sanitary works, especially by improved ventilation and drainage, and not by isolation; and that for its cure, as we should not send a case of ague to the Pontain marshes, so, too, it would be wise not to send a case of tubercular disease to any place where the death-rate from phthisis is high among the native population.—*Detroit Lancet*.

PRACTICAL PHYSIOLOGY IN SCHOOL-ROOMS.—In teaching physiology, would it not be worth much more to know a few facts about dress, diet, exercise, rest, sleep, good and bad air, than to number and name all the bones, or name and classify all the muscles? The bones will all keep their places, and grow just as rapidly and firmly whether numbered or unnumbered; but both mind and body may fare better if the lungs are not fed on bad air. So the muscles will expand and contract and develop and strengthen, whether counted and classified or not; but they and the whole system may slacken or totally stop their action if the stomach is supplied with unwholesome food. Therefore, let the study be directed at first to parts of the system under control, and afterward, if there be time, to the parts not under control. These latter may be studied for general information as we study comets and eclipses.—*Educationalist*.

DR. W. W. SEELY, of Cincinnati, has found a new use for jequirity, the remedy which is becoming so popular in the

treatment of trachoma of the conjunctiva. In a paper read before the American Otological Society, at its recent meeting, he states that he has, for the past year or two, treated certain long standing cases of purulent inflammation of the middle ear by exciting an additional substantative inflammation with jequirity, using a small quantity of the preparation made for the eye. He thought such inoculation capable of good results under certain conditions; viz., when there was extensive destruction of the membrana tympani with a great amount of thickening of the mucous membrane of the tympanic cavity, rendering other plans futile, and where the Eustachian tube was patulous, so as to regulate the inflammation.—*Buffalo Med. and Surg. Jour.*

THE following is the formula suggested by Prof. Leeds, of Stevens' Institute, as the best substitute for woman's milk.

One gill of cow's milk, fresh and unskimmed; one gill of water; two table-spoonsfull of rich cream; two hundred grains of milk sugar; one and one-quarter grains of extractum pancreatis; and four grains of sodium bicarbonate.

"Put this in a nursing bottle, place the bottle in water made so warm that the whole hand cannot be held in it without pain longer than one minute. Keep the milk in this temperature for twenty minutes. The milk should be prepared just before using."—*Archives of Ped.*

DRS. A. JACOBI and N. S. Davis were appointed at Copenhagen as the American representatives on the International Collective Investigation of Disease Committee. *Louisville Medical News*.

EXPLANATION OF THE PATHOLOGY AND THERAPEUTICS OF THE DISEASES OF THE NERVE CENTERS: ESPECIALLY EPILEPSY.—We have received an interesting paper on this subject from J. McF. Gaston, M. D., of Atlanta, Georgia. We regret that we are not able to give, at this time, the notice it deserves. The paper is well written and shows thought and research. We warmly commend its pages to all who are interested in the diseases of the nerve centers.



# THE Iowa State Medical Reporter.

DES MOINES, SEPTEMBER, 1884.

## EDITORIAL.

### PATENT MEDICINE.

AT the recent meeting of the Shelby County (Mississippi) Medical Society, the applications for membership of two physicians engaged in the drug business were rejected; the president ruling that they were not eligible. An appeal was taken which was defeated in the proportion of five to one.

The following, article VII, taken from their constitution, is the authority by which the applications were rejected:

"Any physician who shall procure a patent for a remedy or instrument of surgery, or who sells or who deals in or uses or prescribes patent remedies, or who shall enter into a collusive agreement with an apothecary for compensation for his patronage, or who shall give a certificate in favor of any patent remedy, shall be disqualified for becoming or remaining a member of this society."

The code says upon this subject, (article I, section 5):

"Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a *secret nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

Patent medicine is a general term that

to be governed by the strict meaning of the code requires some qualification; for example, it would hardly be right to include under this term the proprietary medicines prepared by pharmacists or chemists when the formula is made public or printed on the label. These are not the "secret nostrums" of the code.

A number of our practitioners, located at small places, carry a stock of drugs or keep a small drug store in connection with their general practice. This custom is often a necessity. All who sell the class of medicine is condemned by the above article, are openly violating its intent.

Such practices are to be unqualifiedly condemned by all who pretend to recognize the code. If no other, there are two reasons that appeal to the judgment of the physician and should cause him to abstain from using patent medicines. First, its probable results will injure his reputation and his business, as one who purchases patent medicine from another, knowing him to be a physician, would be more inclined to judge him as a physician rather than as a merchant, if the results are, as usual, unsatisfactory. After losing the confidence of his customers he also loses a patient, and sends him away to another. Second, it causes a violation of that loyalty and good-fellowship that one brother practitioner owes to another. For example: A and B are practicing medicine in the same village. A keeps a drug store and sells to C, a patient, a certain patent secret medicine; finally, C goes to B for professional services; the circumstances are such that B soon finds out C's treatment, and cannot do otherwise than condemn the medicine unqualifiedly. C tells his neighbors that B condemned the medicine he received from A, omitting to state how he got it, this comes back to A and the result is not the cause of any increased good-feeling between A

and B. If at the beginning A had refused to sell the patent medicine to C, he might have sought A's advice; if not, and he went to B, A has the good-will of his brother practitioner, and has lost nothing in the community from C's gossip.

The profit on patent medicine is comparatively small, therefore we can rightly judge one who conducts this kind of business as one who is from the same mould. This habit of selling patent medicine is one that the profession who engage in the drug business have gradually drifted into without being fully conscious of their position.

While we are inclined to judge less harshly than the Shelby County Society yet we believe it is an infringement that should be corrected, if the physician wishes to retain or gain a membership in the state or local society.

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#### CONTRACT PRACTICE.

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THE attention of our readers has probably been called to this matter in the brief history of the Clinton County Medical Society given on another page of this issue. The comments in this report on the matter receive our hearty approval. A careful search of the code shows nothing directly against this practice, yet there are a number of places in which it directly condemns the spirit that must always give life to this transaction. Contract business properly includes all professional services, not rendered gratuitously, for which compensation is received in other ways than according to an established fee bill. Some kinds of contract practice, such as the salaried officer of a public institute, or those of a corporation wherein the work is that of health officer or physician, and where there are clerical and general duties other than direct attend-

ance upon the poor, do not come under the bane of our criticism. When regular fees are ignored, and people receive wholesale treatment at a price fixed by competition, it is degradation to the profession; and it places the dependants in charge on the same basis as the fattening of cattle, and makes their physician their keeper. Here, as with the cattle, the problem is to get the most at the least expense. Such patients are always more or less neglected. The other extreme, for regulars to refuse to do any work for such people unless they get their regular fees, is also wrong. Would it not be better for medical societies to establish a pro rata rate of discount upon the regular fee bill for such services, and then arrange, as a society or as individuals, to care for the poor at this pro rata rate. This would avoid the contract plan; would give better attendance to the patients; would give the physician some remuneration for his services, and would shut out this mean small class of irregulars who cast so much discredit upon the profession. It is a matter that should, as our correspondent says, "occupy the attention of the State Society." We would add that it should also receive the attention of each society in the State.

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RESTORATION OF PENSION—We have received a circular from Charles H. Lathrop, M. D., of Lyons, setting forth the facts that his pension has been restored and that the charges upon which it was withdrawn have also been set aside. There being a good deal of publicity given to the matter at the time, the Doctor has taken this means of notifying his old friends of the success, and that he has upon a fair trial proved himself to be above suspicion. We congratulate the Doctor on his success.

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CHICAGO is to have a new hospital for women and children.



— THE —

# IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, OCTOBER, 1884.

No. 4.

## ORIGINAL ARTICLES.

### ERYSIPELAS.

BY W. L. ALLEN, M. D., DAVENPORT.

CASE—March 22, 1884; Miss L., aged 40, unmarried, had been very much of an invalid for the past two or three years, at times confined to her bed complaining of very weak lower extremities and back, poor appetite, and bad digestion. Had an attack of facial erysipelas several years ago, caused as she supposed by an ulcerated tooth, was subject to nasal catarrh (?) which at times would become so bad as to obstruct nostrils entirely with crusts. Her last menstrual period had been delayed and scanty, and two days ago she was out in a rain storm and had aggravated her nasal trouble and had had more or less fever ever since and possibly a chill.

Found right side of face and nose red and swollen, redness extending from the right nostril across the face; sub-maxillary glands swollen and tender; temperature one hundred and three and one-fifth; pulse one hundred and twenty; right nasal cavity filled with dried mucus, blood, and crusts. Ordered two ten-grain doses of quinine to be taken four hours apart, and fifteen minims tincture chloride of iron every three hours, and that the nasal cavity be washed out with warm water and carbolic acid.

MARCH 23, 9:00 A. M. Right eye closed and redness and swelling extended across nose to inner canthus of left eye; temperature one hundred and one and one-half; pulse one hundred. Painted face with collodion, which reduced the swelling in eyelids immediately, and ordered

cold compresses and ice bags applied to face, and five grains of quinine and fifteen minims of iron four times a day.

7:00 P. M. Temperature one hundred and four and two-fifths; pulse one hundred and thirty.

MARCH 24, 9:00 A. M. Left eye closed and forehead invaded; temperature one hundred and three and one-fifth; pulse one hundred and ten, irregular and weak.

8:00 P. M. Temperature one hundred and four and one-fifth; pulse one hundred and twenty; eruption advancing and looks dark; patient slightly delirious. Abandoned the cold applications for warm ones.

MARCH 25, 8:00 A. M. Temperature one hundred and three and one-fifth; pulse one hundred and twelve; is taking port wine and milk every two hours.

8:00 P. M. Temperature one hundred and four and one-fifth; pulse one hundred and ten, and very weak.

MARCH 26, 9:00 A. M. Temperature one hundred and three and one-fifth; pulse one hundred and ten; erysipelas advanced to right ear; bowels loose. Discontinued quinine and increased iron to twenty minims every two hours.

7:00 P. M. Temperature one hundred and four; pulse one hundred and ten; delirious at times and has a distressing cough, which was greatly relieved by an expectorant.

MARCH 27, 9:00 A. M. Temperature one hundred and two and four-fifths; pulse one hundred and twelve; face and left ear invaded.

7:00 P. M. Temperature one hundred and two and four-fifths; pulse one hundred and twelve, and very weak; is delirious; picks at the bedclothes; sordes and tongue dark and dry. Has had but little

wine the past two days; discontinued the iron and increased the port wine to ten ounces in the twenty-four hours, and renewed digitalis.

MARCH 28, 9:00 A. M. Temperature one hundred and one and four-fifths; pulse one hundred and twelve, and stronger; slept better; tongue moist; eyes open.

3:00 P. M. Temperature one hundred and two and two-fifths; pulse one hundred and eight.

MARCH 29, 9:00 A. M. Temperature one hundred and one and two-fifths; pulse one hundred and eight.

8:00 P. M. Temperature one hundred and one and two-fifths; pulse one hundred and eight; eruption extending around the neck.

MARCH 30, 9:00 A. M. Temperature one hundred and one; pulse one hundred.

7:00 P. M. Temperature one hundred and two and four-fifths; pulse one hundred and eight; is taking port wine, egg nogs, and milk; eruption extending down the back and along shoulders.

MARCH 31. Temperature one hundred and two and two-fifths; pulse one hundred and twelve; eruption advancing; increased iron again to twenty minims every two hours.

7:00 P. M. Temperature one hundred and four and two-fifths; pulse one hundred and fourteen, and weak; eruption has extended down back to seventh ribs, and the margin is serrated; axillary glands swollen.

APRIL 1, 8:00 A. M. Temperature one hundred and two and two-fifths; pulse ninety-eight; applied unguent hydrarg along margin of eruption.

7:00 P. M. Temperature one hundred and one and two-fifths; pulse ninety.

APRIL 2, 9:00 A. M. Temperature ninety-eight and one-fifth; pulse ninety, and very weak; eruption pale; from this time patient improved with sub-normal temperature for several days.

There are two theories of the etiology and pathology of erysipelas. The first, upheld by Skoda, Hebra, Billroth and nearly all modern German pathologists, is, that it is an inflammation of the capillary lymphatics of the skin, always of toxic origin. The second, upheld by many

English authorities, places the disease among the acute exanthemata, with some reservation as regards the traumatic form. There are others who believe it may be either of local or idiopathic origin.

Billroth<sup>1</sup> says: "I consider the local affection as an inflammation of the cutis in which the inflammatory irritation gradually spreads through the lymphatic net works; the way in which the inflammatory redness spreads and is sharply bounded, shows positively that the process is limited to the vascular districts; by close observation we may see that very often, close to the border of the redness, there forms a red, round spot, at first circumscribed, which soon unites with the previously reddened portions of skin; these newly forming red spots evidently represent vascular districts; we see something similar when we inject the skin through an artery; then, too, the color from the injection first appears in spots, and only unites when heavy pressure is made on the syringe; now as the venous and lymphatic districts in the skin are to some extent analogous to the arterial, the irritating poison causing the dilatation of the blood vessels, might circulate in one of these tracts.

"The arterial and venous tracts in the cutis have few connecting branches parallel to the surface, while the lymphatic vessels have very many, and but few branches going down into the subcutaneous tissue; thus the exciting poison may readily spread superficially in the cutis, like liquid in bibulous paper, but it also enters the subcutaneous lymphatic, and often causes inflammation there, as well as in the neighboring lymphatic glands, striated redness of the skin, and swelling of the adjacent lymphatic glands.

"When I here speak of a septic or other similar poison as a cause of erysipelas, I refer only to traumatic erysipelas, for I think I have satisfied myself by observation that this is always of toxic origin. Concerning the nature of the poison, I may say: First, it is chiefly blood mixed with decomposing secretion from the wound that induces erysipelas, which then appears on the second or third day

(1) Billroth's Pathology, page 347.



after the injury or operation. Second, there is probably a dry, dust-like substance, which, coming on the wounds, whether fresh or granulating, causes erysipelas."

Further on he says: "I have no extensive experience of the so-called idiopathic erysipelas *capitis et faciei*; from what I have seen, it seems to me very probable that this also starts from slight wounds (excoriations on the head or face) or inflammation (nasal catarrh, angina), and is chiefly of toxic origin."

Kaposi<sup>2</sup> in his excellent work on skin diseases, accepts the pathology of Billroth, but, having had experience principally with the facial variety, he is more positive as to the causes in these cases, believing that the cause can almost always be found in a carious tooth, or eczema, lupus, syphilis of the nasal mucous membrane, retro-pharyngeal abscess, etc., and that an attack of erysipelas does not predispose to a second attack, but that this liability to a recurrence is explained by the fact that such diseases as eczema, serophulous rhinitis, and lupus of the nose, being chronic in their nature, engender their victim to repeated attacks of erysipelas.

Hebra held that about ninety-five per cent of all cases of erysipelas were located on the face, and were generally due to eczema of the nasal mucous membrane, in which the hard scabs caused retention and consequent decomposition of the secretions and absorption of this morbid material by the cutaneous lymphatics followed.

In the recent edition of Ziegler's<sup>3</sup> *Pathological Anatomy* we read that "the originating cause of erysipelas is to be sought in an invasion of micrococci which gain entrance at some wounded part of the skin. They proceed to multiply within the lymphatics and at length completely fill them; from the lymphatics they pass into the connective tissue where they form coherent masses or chaplets; the tissue around these colonies becomes necrotic, and presently inflammatory reaction is set up."

The views adopted by Aitken, Erich-

sen, and other English and American writers, are in strong contrast with the above, the causes being sought, *first*, in a deranged condition of the blood such as might be expected in chronic nephritis, gout, etc., and *second*, in the varying conditions of the atmosphere, whether due to bad ventilation, sudden change of temperature, or some unexplained meteoric influence; with these conditions present, it is granted that a wound, however slight, may act as the exciting cause.

There exists a far greater difference of opinion concerning the etiology of facial erysipelas than is found in regarding the traumatic form; these uncertainties might be wholly removed by minute examination into the history of each case, and the above detailed case has been given not as a peculiar one in any respect, but as a fair example of a case of simple erysipelas, in which such causes might be given as disturbed menstruation, catching cold, predisposition from former attack, and present mal-nutrition, all of which are insufficient and erroneous in this case, in which the inflammation was distinctly traced to the right nostril where the mucous membrane was ulcerated and an offensive discharge collecting; the previous attack in this patient had been ascribed to an ulcerated tooth, and probably this view was correct.

A toxic origin once established for these so-called idiopathic cases, as Billroth clearly demonstrates for the traumatic cases, then a rational line of treatment could be adopted.

Whether the necessary toxic material has a peculiar chemical composition necessary to the production of erysipelas, or contains the micrococcus septicus, the presence of which causes the disease, is a question that would soon lead us into the deep waters of bacterial controversy; however we must not overlook the fact that such eminent pathologists as Klebs, Koch, and Fehleisen consider it as proven beyond question that at least erysipelas, anthrax, and septicæmia are caused by certain forms of the *bacterium*; nor can we fail to admit that these views, if accepted, would supply most accurately the missing link in etiology.

(2) Kaposi Haut Krankheiten, page 374.

(3) Ziegler's Pathological Anatomy, Part II, dp. 161.

The classification of erysipelas into idiopathic and traumatic is misleading, in that it infers a pathological difference which does not exist.

Erysipelas might be said to be a diffuse, spreading inflammation of the skin or subcutaneous tissue always corresponding to the situation of the lymphatics in these tissues, and caused by the entrance into the lymphatics of a morbid material, either bacterial or chemical.

The division into simple and phlegmonous is a convenience based on the anatomy or situation of the lymphatics.

There are undoubtedly cases of erythema, more especially when accompanied by an exudation into the corium with more or less fever, which are mistaken for erysipelas and called purely idiopathic; in erythema nodosum there is more or less fever, pain, and swelling, and although there is no diffuse spreading, there may be some involvement of the lymphatics and the case wrongfully called erysipelas; the occurrence of these cases in rheumatic patients or in those suffering with endo-carditis, or now and then in women just before menstruation, has led to the belief that the cause is to be found in a derangement of the vasomotor system or in occlusion of certain arterioles or capillaries, and entirely different in every respect from the nature of erysipelas.

I do not believe that we can have an inflammation of the cutaneous lymphatics without a lesion, however small, which may produce or be the point of entrance for some morbid principle, either of chemical or bacterial nature.

As regards treatment, most German writers (dermatologists excepted) believe in the *expectant*, with a strong prejudice in favor of stimulants, and only such local applications as are soothing and serve to protect the skin, as collodion, starch, oil, or warm applications.

The advocates for *specific* treatment have long had iron for their sheet anchor, given in large doses, repeated often and continued long; thirty drops of the tincture ferrum chloride are given every three or four hours, and a solution

of the sulphate applied locally and according to our latest therapeutists, all in vain.

Todd claims that in no other disease is alcohol so beneficial as in erysipelas. Willan and Williams are still stronger advocates, claiming a *curative* power for port wine and ale.

Nearly all dermatologists favor the most active *local* treatment as well as symptomatic and supportive measures; the most careful and thorough attention is directed to the seat of origin, and whether it be a wound, an ulcerated tooth, or diseased nasal cavity, thorough cleanliness and drainage must be established, and various ointments recommended for application along the advancing border of the eruption, more especially unguent hydrarg Skoda and Hebra used continuous cold applications by means of ice bags, while Erichsen<sup>3</sup> says "cold lotions should never, under any circumstances, be employed."

Hueter<sup>4</sup> injects a three per cent solution of carbolic acid at as many as twenty different points along the advancing border of the eruption, and claims great success by this treatment.

Girolamo Leopardi recommended turpentine applications and claimed great success.

In the case above detailed the greatest benefit followed the liberal administration of stimulants. During the fourth, fifth and sixth days, the patient had one ounce of the tincture of the chloride of iron, given in glycerine and milk and without apparent benefit; where mercurial ointment or collodion was applied the skin was left soft and pale and without any infiltration.

## THE MANAGEMENT OF THE PLACENTA IN PREMATURE LABOR.

BY S. MERRILL, M. D., WEST LIBERTY.

THIS is a subject upon which there has been a great deal of discussion and a fearful diversity of opinion.

The placenta; what to do with it? or, whether or not to do anything at all, are serious questions. I feel deeply and pro-

(3) Erichsen's Surgery, Vol. 1, Page 698.

(4) Berliner Klin. Wochnechrift, 1878.



foundly interested in fortifying my mind with the most potent measures that one can possibly pursue in these vexatious cases. There are many advocates of the expectant, let alone, do nothing plan. What real efficacy can there be in such management? The placenta may, perhaps, if you wait long enough, come away, but the chances are, that you will get hemorrhage, that will carry your patient to the very verge of dissolution; and, if you still persist in doing nothing, will prove fatal. This will happen in a large majority of cases, then added to this comes the more dreaded monster known as septicæmia. Every moment you leave the placenta within the cavity of the uterus, you expose the life of your patient to the insidious approaches of this subtle destroyer. They tell us to watch the case and the moment you discover any evidence of septic poisoning, then go to work, disinfect, dislodge, remove, etc.

If a human being stood upon the brink of an awful gulf and the roaring, seething waters below heralded the overwhelming conviction to our ears, that inevitable destruction would be the doom of the unconscious victim, would we sit down in some shady nook, all variegated with nature's beauties; where the soft breezes, all laden with fragrance and delightful perfume, fanned our worthy brow, and gaze calmly and satisfactorily on, while the unsuspecting one topples over into the awful abyss? I answer *no*; in the dread moment we would rush fearlessly, seize and rescue the unsuspecting one. So, likewise, would I do in these dangerous cases, without ceremony and without procrastination. We *must* take time by the forelock and dislodge the thing of danger.

Many are the methods which are at the present day adopted to accomplish this end. There is Creed's method, which is something like taking hold of a cat just above the pelvis and trying to squeeze her out of her skin. Doubtless it might be accomplished, if one would squeeze long enough and hard enough.

They tell us to pass your finger into the uterus and sweep it around, as it were, over the fundus and extirpate the placenta. I have tried that faithfully, but it

would not extirpate. There is, really, no given procedure that will invariably succeed in every case, but in one case we may succeed by one expedient, and in another, some other method must be resorted to. Administering an anæsthetic and passing the hand, is one of the best methods, is not dangerous nor injurious. In some cases the curette, judiciously used, is an invaluable instrument, after taking away all you can with the forceps.

I have managed a goodly number of cases of premature labor, since I have been engaged in practice. I have always removed the placenta at the earliest possible moment and have not lost a single patient, nor had septicæmia develop in any case.

The German physicians are employing cold water injections through the umbilical vein in adherent placenta, they claim with marked success. I have thought it might be tried in some cases of premature labor, though I have not tried it.

After removing all of secundines that one possibly can, by some method that suggests itself in each particular case, it is a wise plan to inject the cavity of the uterus with tincture of Iodine and subsequently to use antiseptic injections. How many of you are there, but that have known of irresolute and careless treatment, resulting in death. I have known it to occur in several instances. Be bold, prompt, and judicious in these cases, and many lives will be saved.

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## COCAINE.

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BY C. M. HOBBY, M. D., IOWA CITY.

ON Wednesday, October 29, at the Clinic for Diseases of the Eye and Ear, cocaine acetate was used for the purpose of local anesthesia in an operation for strabismus. The drug was prepared by Professor Hinrichs from Squibb's fluid extract.

The effects observed corresponded with those reported by Drs. Agnew, Knapp, and others, and the operation was entirely painless.

As some time will probably elapse before the drug is placed on the market, it is important that those having the opportunity should give the results of their experience, so as to save unnecessary repeti-

tion of experiments, upon the first general distribution of so desirable a drug.

My observations, so far but few in number, were made with the cocaine and the cocaine acetate. As only a small quantity was hastily prepared, I can only estimate the strength of the solutions used; this was probably, in the solution of the acetate, about one one-hundredth; and in that of cocaine, about one two-hundredth. Five instillations, one drop each time, of the acetate sufficed for the operation of strabismus. Six instillations of the above described solution of cocaine, failed to produce complete anesthesia in another person experimented upon. In my own eye three instillations of the acetate produced entire insensibility to a firm grasp of fixation forceps and free movement of the globe. Mydriasis was produced by both, but the cocaine produced it more quickly and retained it longer. The effect upon the accommodation was observed only upon my own eye, under influence the acetate. With complete anesthesia the near point was removed, from my normal of eight inches to twenty-four inches distance. This effect upon accommodation lasted only about fifteen minutes, and was followed in half an hour by slight *spasm* of the accommodation, amounting, when tested, to 1-50 dioptries.

The Profession is to be congratulated upon the acquisition of a drug of so much potency; outside of its value to the surgeon it undoubtedly will fill an important place in therapeutics.

SURGICAL DRESSINGS—CERATED CLOTH.

BY H. L. GETZ, M. D., MARSHALLTOWN.

THERE are numerous surgical dressings to be obtained in the market, but the form of dressing I wish to call your attention to is mainly intended for granulating surfaces. The chief points of merit are its healing, comforting, and disinfecting qualities and the convenience of application.

This dressing is easiest prepared by taking common cheese cloth (which can be obtained at almost any dry goods store)

and cutting in pieces—say six inches wide and ten inches long—then dip the pieces into melted cerate; being careful to remove any superfluous matter. After preparing a piece of cloth lay it on a piece of paper and smooth it out with the hand; in this manner you may continue preparing what quantity you desire laying one piece of cerated cloth upon the other and allowing it to remain until you require it for use, when you can remove as many sheets from the block as you desire. A large quantity can be prepared in this way in a very short time and will be found very convenient.

The following is the formula for the cerate: Cerate simple, fourteen ounces; ung. petroli, six ounces; acid carbol., one ounce. Mix. The cerate should be melted in a tin pan; it is then ready for the cheese cloth to be dipped in it.

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, November 1, 1884.  
Report for October:

	Men	Women	Total
Remaining September 30 ..	269	222	491
Admitted in October.....	10	9	19
Returned from visit.....	4	3	7
Total under care in the month.....	283	234	517
Discharged during month..	25	14	39
Daily average.....	262	222	485
Discharged, recovered.....	5	2	7
Discharged, improved.....	2	4	6
Discharged, unimproved....	17	4	21
Discharged, died.....	1	4	5
Remaining October 31 .....	258	220	478

H. A. GILMAN, Supt.

SOLDIERS' ORPHANS' HOME.

DAVENPORT, November 1, 1884.  
Movement of population for October:  
Present, October 1 ..... 238  
Admitted during October ..... 15—251  
Discharged during October..... 00  
Remaining, October 31..... 251  
Of these 117 were girls and 134 boys.

S. W. PIERCE, Supt.



## SOCIETY REPORT.

### SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, November 6, 1884.

Regular Meeting.

The president being absent, Dr. Baker was elected president *pro tem*.

The secretary having been summoned by a patient just before convening of the society, Dr. Braunlich was appointed *pro tem*.

Members present: Drs. Baker, Tomson, Cantwell, Preston, Allen, Byrne, Crawford and Braunlich.

Reading of previous minutes omitted.

Dr. Preston submitted a request of Mrs. Putnam, for contribution by the society towards expense of a portrait engraving of the late Dr. Farquharson, for the frontispiece of the annual report of the Academy of Science.

On motion of Dr. Cantwell, the appointment of Dr. Preston was secured, as a committee of one, to solicit contributions from members of this society.

Dr. Allen read an interesting essay on Erysipelas, which was received and referred for publication.

Dr. Baker said that he had employed many different modes of treating this disease. Had formerly used a strong solution of sulphate of iron externally and tincture ferri internally. The application being employed continuously and often renewed. Of late he has used mostly sulphite of soda internally and externally; often used cranberry poultice covered with oiled silk with good effect.

Dr. Preston used tincture ferri internally and applied cotton covered with oiled silk. Also used cranberry poultice successfully.

Dr. Cantwell used iron and quinine internally—usually administers separately as stomach bears better; also used sulphate of iron and cranberry poultice externally. Thinks stimulation very important.

Dr. Baker does not believe that there is always a lesion—thinks there are some cases caused by cold, without a true lesion of the skin. In these cases it is probably caused by embolism in vessels.

After a general discussion on scarlet fever and diphtheria the society adjourned.

H. U. BRAUNLICH, *Sec. pro tem*.

### IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, November 1, 1884.

Movement of population for October:

	Men	Women	Total
Remaining, September 30..	330	267	597
Admitted, curable cases...	3	4	7
Admitted, incurable cases..	16	15	31
Whole number treated...	349	286	635
Discharged, recovered .....	1	4	5
Discharged, improved .....	3	0	1
Discharged, unimproved...	2	0	1
Discharged, died.....	5	3	8
Remaining, October 31.....	338	279	617

GERSHOM H. HILL, *Supt.*

### IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, November 1, 1884.

Movement of population for October:

Present, September 30.....	249
Admitted during October.....	4—253
Discharged during October .....	0
Died during October .....	1
Transferred to Insane Asylum..	0— 1
Present, October 31.....	252

F. M. POWELL, *Supt.*

THE MEDICAL JOURNAL—It cannot be denied that the functions of medical journals could be extended. They lack the independent, aggressive spirit which characterizes, and in great part redeems, the regular newspaper. There are gross abuses in the medical profession which should be attacked without mercy. The medical journals should take a more active part in medical politics. When vacancies are to be filled in societies or in colleges, the journals content themselves with a simple statement of the fact. It would be better if there was a little more active advocacy of some line of policy in filling the vacancy—*Phil. Polyclinic*.

## SELECTIONS.

## THE EXAMINATION OF APPLICANTS FOR LICENSE TO PRACTICE—A MEANS OF RAISING THE STANDARD OF MEDICAL EDUCATION.

BY EDWARD JACKSON, A. M., M. D.,  
PHILADELPHIA.

[Read before the American Academy of Medicine at the meeting held in Baltimore, October 28, 1884, and recommended for publication by the Council.]

THE development of educational institutions may be likened to the development of races of living beings, in that it is determined by what may be called inherent tendencies directed and controlled by external influences. In the case of medical schools, the inherent tendencies reside in the *personnel* of their faculties and the systems of their organization. The external influences, or environment, are to be found in the attitude of the medical profession and the general public towards them and their work, in the bearing of legal enactments upon them, and in the education and desires of the classes from which they have to draw their students. And here, as in the evolution of living beings, environment has full sway over inherent tendencies, fostering such as are in harmony with it, defeating and overcoming those that are not.

Movements for the improvement of medical education have heretofore worked too much on the supposition that the schools could change everything themselves, failing to realize that they are hedged about by influences and bound down by laws of competition against which any effort they may make is practically powerless. I believe that more may be accomplished by so changing the environment of medical schools as to bring it more fully and directly in harmony with all the efforts they may henceforth make to raise their educational standards. As one of several movements tending toward such a change of environment, I ask you to consider the establishment of State boards of medical examiners, whose certificate of fitness

should be the only legal qualification for the practice of medicine.

Medical education will only reach a proper standard and properly keep pace with the progress of the time when there is between those engaged in medical teaching a direct and controlling competition to excel in the thoroughness and practical value of the instruction they give. In this country there is now no such direct and controlling competition. Why? In the first place, there is no direct competition because no part of the general public has the opportunity of passing on the merits of more than a few of the schools, and its judgment of them must be based on such knowledge as it can get of the acquirements or deficiencies of a very few of their graduates, perhaps but one or two from each, and these, as is generally understood, may be entirely exceptional among their fellows in the fullness or meagerness of their attainments, the diploma of every American medical school being bestowed on men representative of both the extremes of medical knowledge and medical ignorance. We of the medical profession cannot estimate the goodness or badness of the teaching in the various medical schools of the country, because we have no data upon which to found such an estimate, and the general public, with no more data than we have, are far less able to judge of the matter, if such data were furnished them.

Again in the absence of direct competition to excel in thoroughness of teaching, such competition as there may be in this direction does not and cannot control the policy of the schools. This is so because most medical teachers are also engaged in other business; and the advantage that accrues to them from medical teaching accrues in other ways than by the reputation for teaching well. In this country the professors control the medical schools. They are unhampered by State control or conditions of endowment, and the board of trustees exists rather as a figure-head or technicality. And in every faculty, if there be any who look to medical teaching to furnish the larger part of their income, or who base upon it their hopes of fame, they consti-



tute an insignificant minority. To the large majority of teachers the chief rewards of medical teaching are the opportunities it offers for the enlargement of practice and the attainment of fees, or material for original research. The professorship is a certificate given by the board of trustees, but representing the judgment of the medical faculty, that its holder is eminent in a certain particular department of medicine; a certificate that is advertised to the profession and to the general public in the published circulars and announcements of the school, and by appended title, and by word of mouth. It is a certificate worth having. Then, again, simply to stand in the relation of teacher to young men, many of whom will go out to take prominent positions in the community, is to have an opportunity for achieving reputation and attracting clients that is almost unequalled.

It is, perhaps, not accurate to say that we have no data upon which to grade the different medical schools of the country. There is one way, and only one, in which we might, or the general public might, arrange them; they might be arranged according to the size of their classes. By that, and only by that, can we judge of the success they achieve, and inferentially of the success they deserve. So, whether the medical teacher finds the chief advantage of his position in the fees he receives for teaching, in the opportunities for practice that his teaching opens up to him, in the material it brings him for original research, or in the reputation and influence that come from the teaching itself, the extent of that advantage is measured by the number of students he teaches.

The existent competition is for large numbers of students, and to secure them the first attraction that the schools have to offer is the degree of Doctor of Medicine. This degree has been borne by many great men; it has become, in this country, the badge of membership in a so-called liberal profession; but a more weighty consideration than these is the fact that it is required by public opinion, and in some States by statute law, as a prerequisite to entering upon the business of medical practice. As matters now

stand, medical schools use this degree not to honor themselves in the eminence of those upon whom it is bestowed, not to guarantee to the public the professional fitness of those who bear it, but as a bait to draw students. And it draws the student not by the honor which once clothed it, but has now departed, but because in the present state of public opinion and statute law he must have the degree before he can undertake, with any fair prospect of success, to make a living by the practice of medicine.

The other means by which a school attracts students need not be dwelt upon. Suffice it to remind you that chief among them is the reputation of individual members of its faculty as compilers, original investigators, or practitioners, not as teachers.

Then come the boasted attractions of museums, libraries, and clinical facilities, that make a fine display, but which are of little value to the student until he has considerably advanced in his acquirements—farther, indeed, than many get before graduation. After these come free scholarships, cheap boarding, etc; but on the list of attractions, strictness in the requirements for graduation comes last, or more generally is omitted entirely.

Now, it seems to me that the change most urgently needed in the influences bearing upon medical schools from without is that which will deprive the degree furnished by the schools of its purely trade value as a preliminary to money-getting, and will substitute for it a certificate of the attainment of a certain minimum standard of knowledge of the arts and sciences of medicine, given by a board of disinterested examiners acquainted with those arts and sciences and with the needs of the community. The creation of such a tribunal, furnished, in the persons of medical graduates of various schools with the needful data, and competent and interested to pass impartially upon the thoroughness of the teaching those graduates have received, would establish that direct competition for thoroughness that is so much needed, and would go far towards giving such competition a controlling influence. If the relegation of the medical degree to its

proper place as a scholastic honor pure and simple did not induce the schools to sufficiently respect their reputations in conferring it, the publication of the fact by the rejection of their graduates would certainly have the desired effect.

Other sufficient reasons for the establishment of State boards of medical examiners could be discussed, but it is only the influence which they might exert over medical education that I would urge here, and from the point of view that such an influence is one of their most valuable and important functions, I wish to say a few things as to their constitution and how they should go about their work. Their work is not to confer medical honors; it is simply to protect the public from gross ignorance in its medical advisers, and incidentally to remove from medical schools the temptation to swell their classes by the pretended education of men unfit to acquire a knowledge of medicine.

I believe that it would be entirely practicable, and in many respects it would be most advantageous, to have but a single examining board in each State. The responsibility would then be undivided. Its doings would attract more general attention than would the work of a number of boards, each of but local importance. It might, from time to time, hold examinations in various parts of the State, if that were considered necessary; but certainly the fairness of the test and the weight of the verdict would be greater to have all applicants go before a single board.

That no law can be secured or enforced which does not take cognizance of certain dogmas or so-called schools of therapeutics is certainly true of many parts of the country, and this constitutes one of the serious obstacles to any such progress as we are hoping for. My own preference would be, that it should be met by not examining with reference to therapeutics through the agency of drugs, since, even aside from exclusive dogmas, but few lines of drug treatment are entirely agreed upon by the regular profession, and it would be impossible to examine applicants with fairness upon matters of individual preference and opinion. Probably, however, a more popular way would be

to hold such examinations, and to provide for the so-called schools of medicine by giving homœopaths and eclectics representatives in the boards, with authority to pass, on that particular branch, such applicants as might desire to be examined by them. I see no very serious objection to some such plan, since the unity of the healing art would be sufficiently vindicated by the single examination on all other branches.

The examiners should receive a fixed compensation, in no way dependent upon the number of applicants examined or passed by them. The superiority this alone would give the State board over the faculty of the medical school need not be dwelt upon. For similar reasons, the examiners should not be involved in the business of medical teaching; neither should they be chosen by those engaged in teaching, but rather by bodies representative of the profession, as the State medical societies, or by the representatives of the whole people, the governors or legislatures of the States.

The examiners should have long official terms which should not expire simultaneously, such a provision being necessary to secure stability and continuity in the policy of the board.

The examinations should, as far as possible, be written, for written examinations, besides being most easily made fair, uniform, and thorough, can be matters of record. But above all they should be practical.

In conclusion, let me reiterate my most earnest belief that such State boards should have for their function the examination of applicants for the license to practice, and not the endorsing of the diplomas of certain medical schools, for the public is more abused by the disparity in the attainments of men receiving their degrees from the same faculty than by any disparity existing between the requirements of the different schools that lay any claim to respectability. Such boards might have their sphere of usefulness increased by power to conduct or supervise examinations in the branches of learning that fit men to become students of medicine, but this and the right to be influenced by considerations of mor



fitness or unfitness of the candidate should be the only extension of their powers. Let them attend to their principal duty, without hindrance from diverse and distracting interests and responsibilities—*Phil. Med. Times*.

## THE AURAL SYSTEM FOR THE SEMI-DEAF.

BY J. A. GILLESPIE, B. D., PRINCIPAL OF THE NEBRASKA INSTITUTE FOR THE DEAF AND DUMB, OMAHA.

[A paper read at the Convention of Articulation Teachers, New York, June, 1884.]

WHAT I have to say in this paper, I have already said in an article in the *Annals*, from which I will read, inserting an account of certain tests and experiments which have been made since the article was written.

That a large percentage of our deaf and dumb pupils, so called, have partial hearing is a fact well understood. That but little effort is made to develop this latent hearing is a fact equally as patent. To prove that this dormant hearing can be developed, cultivated, and used in the education of this class is the object of this paper; and in it I shall give a condensed history of my experiments in this direction, and the conclusions deduced.

From my earliest connection with deaf-mute instruction, it has been a favorite theory with me that this latent sense might be developed, but not until four years ago did I make any special experiments to verify it.

About that time my attention was directed to the audiphone as an aid to hearing. I secured a number of these instruments, selected a class consisting mostly of grown pupils, those having some hearing, and drilled it daily from half an hour to an hour at a time for about three months, beginning with single vowel sounds, made in quite a loud voice. At the expiration of that time, these pupils were able to recognize sounds, words, and a number of sentences across the room; and, frequently, I stood in the hall, leaving the door slightly ajar,

and spoke sentences which they heard and repeated. These children did not recognize sounds, as such, at the beginning of this drill. What they heard were noises, wholly unintelligible. The hearing which they possessed, but which had been in a dormant state up to this time, became active by this drill, and they became conscious of a sense, or a partial sense, of which they were not before cognizant as being useful to them.

This experiment satisfied me, that, in the case of these children, the hearing could be developed, or, at all events, training would enable them to use what they had. The improvement was noticed both when the instruments were used and when they were not, thus showing plainly that there was developement in the hearing.

Two years ago, I organized a class of the youngest semi-deaf children to see what would be the result of a similar course of drill. The progress of this class was even more rapid than the former. During the time of this training, the class was brought before the piano, and by daily practice the children learned to keep time to music. When the performer changed the time, the children would soon notice and change the step. They could accomplish this with their backs to the instrument equally as well as when facing it. They could distinguish more sounds, more words and sentences at the end of three months than the former, both with and without the instruments. This test was in every way satisfactory and encouraging.

These experiments confirmed me in the belief that semi-deaf children could be educated through the medium of the hearing, if the right methods were employed, and if taken young. With this idea in view, I submitted the matter to our State Board, who, being familiar with the work done, readily gave consent to proceed, and I at once organized such a class. This consisted of the members of the latter, above spoken of, and the new pupils entering school in the fall of 1882.

The method of procedure was the same as in the experimental work above described. Single sounds were given, at first, by the teacher, in a loud tone of

voice, beginning with the vowels. When the children were able to distinguish between two sounds, as *e* and *o*, a point was gained. (This, of course, refers to those having no previous drill.) From this primary work to words and sentences, progress was made as rapidly as the pupil could advance. The manual alphabet and sign-language were not used, at least rarely, in the work. Instruction was given orally. Object-lessons, pictures, action-work, and general public-school methods were applied.

At the close of the school year, these children had accomplished all that could be expected of any class of equal ability, taught by the general methods practiced in our institutions. They had a vocabulary from two hundred to five hundred words, which they could recognize by the hearing and speak fairly well, and use in language-exercises with facility.

Last fall, 1883, two classes were started on this plan, one consisting of the remaining members of the class of 1882 (four having left the State, one to change his residence, and three of the brightest to continue the work in a private school upon this system), and the new pupils who had some hearing; also those who gave evidence, at first, of ability to become good articulators and lip-readers.

The other class consists of members of the school from the first class down, who possess some hearing. One is a young man who graduated two years ago, and who was a member of the first experimental class four years ago. Conscious of his loss, he desired to return and receive the benefits of this aural instruction.

Right here I will introduce a few experiments of a later date. In our examination work, I kept a record of three of the brightest of the children in the Institute, of twenty words addressed to the hearing, twenty sentences addressed to the hearing, twenty questions addressed to the hearing, and twenty sentences to lip-reading. The first boy has a straight 10. This boy was in school in the Iowa Institution, I think, two years. Part of the time in the Iowa school he was in an articulation class. Lip-reading was practiced. As I understand it no attention was given particularly to the hearing. He

manifested none when he came to us. I wrote to his teacher, to make the inquiry as to what she had done with reference to cultivating his hearing. She said that the latter part of the year she thought there was some improvement in his hearing; she did not have the time to devote to it. I wrote to his mother and inquired what she knew of his hearing and speech. She said that prior to the time he came to the Iowa school, he could not speak a word, and she did not pretend to make him hear, to say anything to him through his ear. These examinations were taken from their school-year work. This boy, I spoke of, had as many as seven or eight hundred words that he had learned by sound. Of course, he knew the language and the meaning of the words before. No. 2 is a young man who left our school two years ago. Of twenty words hearing, he has a 10 minus. Of the twenty sentences, he has a ten minus, which means that he missed not a full sentence, but some part of one sentence. In twenty sentences, he has a 10 minus. Of the twenty sentences in lip-reading, he has 9½. The third case is a young lady about fourteen years of age, who had never been in school at all until about the middle of the term. She had hearing but did not know how to use it. Her name is Gertie, and her mother would say, "Gertie, home?" Well, she understood that to mean, "Gertie do you want to come home?" Or, she would say, "Gertie, go barn;" or something of that kind. And Gertie would understand that. But as to putting together words to form a sentence, she had not any idea whatever. She was able in this same work, though her sentences were of an easier kind than the others, from the fact that we had to give to her the meaning of the sentences and words. In her twenty words, sentences, and questions, she was perfect, and she could have answered within her own vocabulary as many as you had a mind to ask.

Vice-President Stainer: That was one year's education?

Mr. Gillespie: Yes, sir. We have in the whole school, under this instruction, seventeen, these three that I have taken are the best ones, and they range down to



where the benefits are very little. Of these seventeen, four are congenital, and six deaf from sickness.

The latter class, beginning as it did with single sounds in the fall, is now taking sentences from the teacher's voice with ease. The teacher is obliged to speak in a louder than a conversational voice, though not nearly so loud as at first. The hearing improves. The children are delighted with their progress, and are anxious to learn. The teachers are enthusiastic; and while the work is laborious and often discouraging, they work with a strong faith in the system.

As to what takes place in a scientific point of view—whether the auditory nerve develops as a muscle develops, by use, or whether this is simply an education of the partial hearing, or both—I do not here discuss. This much I will say, however, that the sense of hearing, which has lain dormant and useless up to this time, is now sufficiently developed to be of great benefit to these children, and nobody is more conscious of it than they themselves. They know that heretofore they heard not, and that now they do hear. They know, also, that it has not been miraculously done, but that it has been brought about by patient, hard work on the part of their teachers and themselves.

I have no fault to find with those of the profession who regard the manual and sign-methods as the best, nor with those who consider the oral system as the only one to be tolerated, nor yet with those who find the audiphone and other aids to hearing as utterly useless. I take the broad ground that a teacher of the deaf is in a grand work, and is entitled to his opinion and his preference of method and appliance.

My experience and observation in reference to this question, lead me to this opinion, that a large majority of the semi-deaf children in our schools *can and ought to be graduated as hard-of-hearing speaking people instead of deaf-mutes, as heretofore.*

The class of hard-of-hearing speaking people in society is large, but a hard-of-hearing speaking child, or one using an artificial aid to hearing, is a rare sight.

And the reason for this may be found in this fact, that when a child is "too deaf to be educated in the public schools," he is reported as a deaf-mute and sent to an institution for the deaf and dumb, educated as a mute, and at the end of his course, to all intents and purposes, *is a deaf-mute.*

The question now is: Is there a remedy for this state of affairs? My opinion is that there is a remedy, and that it is found in what I will call the "aural system."

If, by any process of training, this class of children can be taught the English language aurally and orally, they can take their places in society as speaking people, though hard of hearing. That this can be accomplished, that they can be taught the language by sound, admits of no question in my mind. The experiments here recorded amount to more than mere tests. They are demonstrations as far as this class of children in this school is concerned, and they number about fifteen per cent of the whole. What can be done in one place can be done in another. That we have a greater percentage of semi-deaf here than elsewhere, I have no reason to believe. Some of these were not known to us to have hearing until tested. That as great a proportion will be found in every school in the country, I have no cause whatever to doubt. If this is found to be the case, and we consider the total number educated in the schools of the United States alone, over twenty-three thousand, and of the number who will be educated, the question assumes gigantic proportions, and is worthy of the best thought and attention which can be given it, and at once.

These semi-deaf children are in our schools to-day, and will continue to come until other provision is made for them. They do not hear enough to be educated in the public schools; they have too much hearing to be lost by being instructed with those who have no hearing.

Schools intermediate between the public schools and schools for the deaf and dumb should be organized. My plan for them would be the establishment of aural and oral branches in connection with our present institutions and under their man-

agement, but separate from them, where it is at all practicable. In institutions where this is not possible, the next best plan would be aural departments in the buildings, where all instruction should be aural and oral, or at least approximately so.

Of course the semi-deaf children in the institutions, oral schools excepted, understand the sign and manual system. This knowledge will be of advantage to them in their early aural work, but the sooner they are made to rely on hearing and lip-reading, the more rapid will be their progress. As to the methods to be pursued in this system of teaching I have only this to say: If any artificial aids to speech and hearing are found beneficial, use them—Bell's Visible-Speech symbols, Rhode's audiphone, ear-trumpet, anything, everything that will in any way contribute to the end in view. We use the above-named aids, and receive benefit from them. An apparatus by which the pupil can hear his own voice will, no doubt, be found useful in the future developments of the work. I have long been interested in this feature of our general work, and have had faith to believe that it would develop, and it affords me no little gratification to see that it is coming to the front, and is developing into a system of instruction, and that so many of the best minds in the profession are investigating it. It is only in its infancy. That the future has great developments in store in this direction, is my firm belief. It is not an easy system; it requires hard and patient work, but the results are an ample compensation.

I am not a hobbyist, but I have taken a very deep interest in this question. If what I have said be true in other places, as it is in this, it demands immediate attention, and we need not wait for times and places to come, for it is just as good a time now as it ever will be—*The Voice*.

A ONE per cent alcoholic solution of bromide of arsenic is recommended by Dr. Piffard as a cure for pimples. One or two minims are to be taken in a wine-glass of water, on an empty stomach, the dose to be diminished as the pimples disappear—*Med. World*.

## NOTICES.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION. Sixteenth Annual Session, 1884.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY. Nineteenth Annual Meeting, 1884.

MUMPS AS A CAUSE OF SUDDEN DEAFNESS. By Leartus Connor, A. M., M. D., Detroit. Reprint, *American Journal of the Medical Sciences*, October, 1884.

MURIATE OF COCAINE IN OPHTHALMIC SURGERY. By C. J. Lundy, A. M., M. D., Detroit. Reprint, *The Physician and Surgeon*, November, 1884.

NOTES ON THE TREATMENT OF TRACHOMA BY JEQUIRITY. By Leartus Connor, A. M., M. D., Detroit. Reprint, *Detroit Lancet*, September, 1884.

PERMANGANATE OF POTASSIUM; ITS ACTION AND USES. By Roberts Bartholow, M. D., LL. D., Philadelphia. Reprint, *Medical News*, November, 1884.

JEQUIRITY; ITS USES IN DISEASES OF THE SKIN. By John V. Shoemaker, A. M., M. D., Philadelphia. Reprint, *Transactions of the Medical Society of the State of Pennsylvania*, 1884.

THE DRY TREATMENT OF CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR. By Charles J. Lundy, A. M., M. D., Detroit. Reprint, *Transactions of the Michigan State Medical Society*, 1884.

A GOOD drug stock, with or without storeroom, a fine two-story eight-room residence, with suitable out-buildings and physician's paying practice, for sale at a bargain if sold soon. Address, Lock Box 8, Harper, Keokuk County, Iowa.

DR. THOMAS A. FRENCH, of Brooklyn, N. Y., photographs the larynx, and obtains pictures of great clearness. The process can be used, it is claimed, with untrained patients. It is, as the *N. Y. Medical Journal* truly says, "a distinct advance in the demonstration and recording of laryngeal affections"—*Buffalo Med. & Surg. Journal*.



THE  
Iowa State Medical Reporter.

DES MOINES, OCTOBER, 1884.

EDITORIAL.

"MEDICAL LEGISLATION."

THIS subject is a little out of season but as long as there is a field so ripe for the harvest, in this direction, as Iowa possesses, it is always fresh. During the past year, the REPORTER has referred to this subject several times, under different headings.

The agitation of this subject by several of the noted societies of Pennsylvania, including the State Society, has given rise to a very valuable article in number 442, volume XV of the *Philadelphia Medical Times*, accompanied by an editorial. The plan proposed in this article, and ably supported by the editorial, contains in detail (without any essential difference), so much of the subject-matter presented to our readers through the columns of the REPORTER, several months ago, that we feel a just pride in again presenting our views under the support of such able authority.

Omitting details and explanations, the schemes presented, if condensed, would be found to consist of the following: First, that there should be one central board consisting of men chosen only for their proficiency and removed as far as possible from political influence; second, that the examination be conducted in such a manner as to show no partiality; third, that all who intend to practice, irrespective of diploma, school, sect, or ism of medicine, should be compelled to meet the requirements of the examination; fourth, that we recognize, in some way,

the existence of irregular schools of medicine, but that they should all pass the examination except upon their special therapeutical difference, which must be met so as to avoid a compromise with the dignity of the regular profession.

At this late date, no one, who has familiarized himself with the results of the different kinds of medical legislation now in operation in other states, and who has noted the agitation of this subject throughout the medical press, will entertain a doubt but that this, is a proper method.

This brings us directly to the details, the solution of many of which are open questions. Among the primary ones we find—concerted action of the profession of the state. If this is to be brought about for the session of the legislature of 1886, no time must be lost, as the medical profession, like other large bodies, moves slowly. The sessions of our state, district, and local societies, are few and far between, and their membership embraces the minority, but the better part of the profession; also, that part which must fight the antagonism that has been, and will be, presented by that class of the profession which, in self defense, will oppose all legislation to regulate the practice of medicine by a fixed degree of competency. Organization and discipline are always needed for effective work among members, therefore we should appeal to the members of the profession to use their influence with our strongest organizations—the district, the local, and the state society. The district and local societies have ample opportunity to bring the question of "medical legislation," before them several times, so that when their delegates meet at the annual session of the state society, they will come prepared with some fixed, definite, and intelligent idea of the wants of the profession in this direction, and also some method by which

it can be obtained. From the membership of the state society (if its individual members are properly prepared by the agitation and criticism of medical legislation in the auxiliary societies ) will evolve a safe and practical scheme to be accepted by the members of the profession and by them individually supported through their local influence. It has heretofore been the custom to refer this matter to a committee of three or five appointed by the president, who, on short notice, by a feeble and superficial canvass of the subject, have framed resolutions, and prepared a bill that has never yet gone beyond its first reading, because, while it contained many good features, it embodied so many objectional clauses that no one or more of the members of the medical profession in either branch of the legislature cared to champion it. There is possibly another reason, that the regular profession has drawn its class liens so sharp that it refuses to recognize that the people, for whom all legislation is supposed to be made, do, and will, employ many of the irregular members of the many irregular schools. Although this is a lamentable fact, as we believe, it is one that should be recognized and made the best of by tolerating, if it must be tolerated, only the best they can produce.

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#### MEDICAL JOURNALS.

IN another column we publish a note, taken from the *Polyclinic*, upon the duties and functions of the medical journals. That they lack the independent and aggressive spirit is true, also that they should take a more active part in medical politics, but whether they should attempt to use their influence to control the action of societies and colleges, or the selection of officers and to fill vacancies, is a

question that is surrounded by a doubt that can never be solved, except by the circumstances surrounding each case; it is, therefore, a subject which should receive conservative treatment, unless gross abuses appear. The causes for the condition which calls forth the above censure, are ones, very interesting to the investigator. The Code of Ethics furnishes excuse, under professional etiquette, for an its-none-of-my-business unless the subject is a victim. This begets the spirit that will neither give nor receive criticism. From this schooling come the editors of the medical press, but few of whom ever fully overcome their early discipline and acquire the independence of character to fearlessly carry out the independent and aggressive spirit that one should put into every opinion he advocates, believing it to be right. This same want of tolerance is the spirit that diffuses rather than concentrates medical interests. It creates individuality, and destroys society. It disintegrates social organization, and impedes advancement. On the other hand, the editor, knowing the state of feeling, fears to tread upon the tender points of a prospective or real subscriber.

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THE hard times have not been without their effect upon the profession. Not only have the receipts of lawyers and medical men fallen off, but cases of destitution are met with on every hand—*New York Correspondent Phil. Med. News.*

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A. C. Rogers, M. D., formerly connected with the Iowa Hospital for Feeble Minded Children, at Glenwood, Iowa, is now located at the Training School for Indian Youth, at Forest Grove, Oregon. The REPORTER has received several favors from him, and sends its best wishes for his success.



# —THE— IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, JANUARY, 1885.

No. 5

## ORIGINAL ARTICLES.

### A CASE OF LITHOTRITY.

BY A. B. POORE, M. D., CEDAR RAPIDS.

On September 4, 1884, Mr. G. applied to me for relief from what he believed to be prostatitis. Frequent and painful micturition, pain in the prostatic region on assuming a stooping posture; on rising from the bed or a chair, or upon turning from back to side, together with an occasional pain or ache in the glans penis, were the more noticeable symptoms. The trouble had existed for more than a year. The bladder symptoms had been preceded, some months previous, by a severe pain over the left kidney, which pain had gradually extended or proceeded downward and anteriorly toward the side of the bladder. This pain had followed a hard day's labor. Mr. G. and a co-laborer had worked very hard to push a hand-car, loaded with iron, up a grade on the railroad. While he was at this work and at a moment when he was straining very hard he felt something "give way" in the region of the left kidney, and that evening the pain in that region became very severe, and for the next four weeks confined him to house. The torture terminated very suddenly one day, when he was well enough to walk about. For sometime after that he was quite well, but gradually the symptoms above enumerated made their appearance and became daily and weekly more exaggerated. On exploring the urethral tract, several small and exceedingly irritable points were found (notably in the membranous portion), which might have mis-

led one, for, being excoriated, they emit a discharge simulating that from gonorrhea. The No. 9 sound showed the prostate tender, and the *sphincter vesical* abnormally sensitive. Immediately on the sound entering the the bladder, a stone was felt. An attempt was made to ascertain the size, but the sensitive condition of the bladder prevented much manipulation. I immediately decided to make an attempt to crush and remove it, and in the following three weeks I dilated the urethra as rapidly as possible until a No. 17 could be easily passed, and, after slitting the meatus, a No. 18.

After having for several days taken an anodyne mixture, and rested quietly at home in bed, the patient was free from the severe pain he had previously suffered; and on October 24, I made an attempt to crush the stone. The operation was not as complete a success as it would have been had not the patient persistently refused to take an anesthetic. And, indeed, I did not insist upon it, for, both Hamilton and Stephen Smith declare an anesthetic unnecessary. I succeeded, however, in giving the stone two or three crushes, and we afterwards obtained quite a large amount of debris between this and the next sitting. Considerable soreness and tenderness followed this first sitting, and there was very severe pain over both kidneys, but the former was relieved by anodynes and the latter by dry cupping.

Five days later, on October 29, I again crushed the stone and this time the patient was under ether; I had no difficulty in seizing the fragments and repeatedly picked up and crushed one after another. A week later I found that there

were still there several small pieces, too large to pass of themselves, and the operation was repeated in the same manner and with the same success, as it also was on two later occasions. In all, he was under ether four times. Since the last time, which was December 11, I have not been able to detect the presence of any fragment within the bladder; he has felt none there, and I am satisfied that he is entirely free from his trouble.

Mr. G. is a hearty, strong, fine specimen of manhood, aged about thirty-five. His strength may account for the fact that the operations produced no shock, and that there never occurred either chill or fever. The operations did not cause any great measure of soreness—excepting the first. He was always up and around the following day.

The minutiae of the operations may be of some interest: Introducing first a well oiled French catheter, I drew off the water to the last drop and injected in its stead four ounces of carbolyzed olive oil. In introducing the oil I had two objects, the first was, in hopes that it might prevent, to some degree, the impacting of the stone in the blade of the instrument. It is well known that this is one of the objections urged against the lithotrite. The first time using the instrument it became so densely impacted that I was obliged to slit the meatus still more to get the heel of the instrument through the opening. After using the oil I did not encounter so much trouble. The fragments seemed to be more easily crowded out of the blades, and it was always possible to screw them down tightly and close together. The second object was, to more completely protect the walls of the bladder, which it manifestly accomplished, since there was little mucus passed after each of the operations at which it was used. Incidentally, the carbolic acid exerted anodyne and antiseptic effects.

Withdrawing the catheter I introduced the lithotrite, located the stone, and made effort to seize it. In getting hold of the stone I found it by far the best plan to place the lithotrite, closed, upon the floor of the bladder, then raising the handle about thirty degrees, to depress the posterior wall with the internal end, and with-

drawing the male blade an inch or two and shaking the patient from side to side I was able to roll the stone into the female blade. Feeling that it was there I pushed down the male blade until the stone was firmly held, locked the instrument, and turned the screw. When this portion was crushed I proceeded precisely in the same manner to seize and crush the fragments remaining.

Most of the crushed portions passed easily, but, twice, were large and jagged pieces retained for an hour or two within the urethra. To dislodge them the patient was directed to grasp the head of the penis and to retain the water in the urethra until it was greatly distended and then to let it come suddenly. This was successful in all cases.

When I first grasped the stone, its size, as measured on the scale on the lithotrite, was two and one-quarter inches in diameter. After being removed, *dried, and evaporated*, it weighed six drachms, and fully one-fifth of the stone was lost and never weighed. I estimate the stone within the bladder, to have weighed fully two and one-half ounces.

This makes the third case of lithotrity at which I have officiated; twice at the handle and once at the ether flask, and I have yet to see any trouble or danger. I am satisfied that Dr. Bigelow has put into our hands an instrument of great value, and one in which, in appropriate cases, we can have perfect trust. I feel, with a certain noted instructor of surgery that, "while it takes from us one of our most brilliant and successful operations—lithotomy—one must thank American ingenuity for one of the most successful of modern instruments."

In conclusion, I must take space to give due credit to Drs. Holman and Catherwood, by whose very efficient assistance some of the obstacles in the way of success were safely overcome.

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HYDROCHLORATE OF COCAINE is only soluble in water in the proportion of five per cent. To obtain a stronger solution an acid has to be added, which contraindicates its use, in this form, for eye operations.—*Medical World*.



## VOICE AND HEARING FOR THE DEAF.

BY MARY M'COWEN, ENGLEWOOD, ILL.

[Read before the State Teacher's Association, at Des Moines, Iowa, December 23, 1884.]

OUR object in this paper is to present the subject in a plain practical manner that shall awaken your interest and enlist your sympathy for this class of children.

We first take up and answer a few general questions that meet us almost daily from those whose attention has not previously been called in this direction.

*Are deaf children necessarily dumb?* We answer, No. Intellectual incapacity or serious malformation of the vocal organs will interfere with speech and may produce dumbness. Mechanically, speech is a peculiar exercise of the vocal organs learned by imitation. Children of all nations, deaf and dumb as well as hearing, scream when they are angry, cry when hurt, and laugh when pleased. But not so with speech. The little Italian hears Italian, imitates Italian, learns to talk Italian. The little German hears German, imitates German, and learns to talk German. The little deaf child hears no speech and remains dumb. His involuntary noises, laughs, cries, and shouts are, when young, so very natural that the fond parents do not sometimes suspect deafness till from lack of sufficient and proper use, the voice begins to sound unnatural. Much valuable time is thus lost, and the chances for regaining the speech easily is greatly reduced. For some reason there seems to be a prejudice against speech for the deaf in the United States that does not exist elsewhere.

In Europe the oral method for the deaf has almost altogether superseded the sign method. The International Convention of Deaf-mute Instructors held at Milan in 1880, declared itself very strongly in favor of articulation for the deaf, the delegates from the United States being almost the only dissenting voices. At a similar meeting in Brussels, in 1883, the subject of signs versus speech

was not opened for discussion, the very natural inference being, that in Europe it was considered a settled question that deaf-mutes could and should be taught to talk. The whole time of this convention was given to the discussion of oral methods.

*Why do children who lose their hearing gradually become dumb?* The disease which caused the deafness may also affect the natural use of the vocal organs but more often the ignorance or indifference, usually the former, of the immediate family are alone to blame.

The little child bereft of hearing during a lingering illness, wakes as in a dream. Sees mother and friends about but hears no voices, thinks it all very strange, essays to speak, perhaps, and is startled to hear no voice; has not learned to attach a meaning to motions of the lips, which is all that is now left to him of speech; and if some one does not see the dilemma, and take immediate measures to establish a means of communication and lead him to see words on the lips, show that he is heard and understood and encourage him to talk, the chances are very strong that in from six months to two or three years the child will become practically dumb. It is especially desirable that children who lose hearing after having learned to talk should soon as possible be placed under proper instruction, that they may be *saved* from distressing habits of nasal drawlings and mispronunciation which are almost sure to follow and which are so hard to break up if once established. According to the late census report there are over four thousand children in the United States who once had hearing and speech but have become deaf. They are allowed to lose their speech and are practically to-day given up to a life of silence when all teachers of the deaf, however radical they may be in favor of signs for congenital mutes, agree that semi-mutes—those who have become deaf but know how to talk, can and ought to be taught by the oral method.

*Are all (so called) deaf and dumb children really deaf?* This is a question which in times past received more or less attention from both teacher and physician. Well authenticated cases are

on record of children supposed to be deaf and dumb, being taught to understand what was heard. As early as 1779 De l'Epée declared that nearly one half his pupils had some degree of hearing. Later experiments were made by Drs. Beyer, Stard, Delean, and Blanchet, all eminent Frenchmen, and extending from the time named above to as late as 1853, with most gratifying results and yet we hear no more of aural instruction for the deaf till our late experience with the audiophone class in the Nebraska State Institution which were made without the least knowledge of these early experiments. In the Convention of Articulation Teachers of the United States and Canada which met last June in New York City, considerable prominence was given this subject and reports were made of recent experiments and investigations, showing that in different institutions where no previous account had been taken of the hearing, and indeed where it had not been suspected to exist, from 10 to 20 or 30 and in one case as high as 75 per cent of the pupils had more or less hearing.

A committee was appointed to decide on satisfactory and uniform tests that might be given in the different schools in deciding the real condition or degree of hearing in pupils. The committee began experiments we learned, some timesince, and we were well pleased to see the following report (not an official one) of some results obtained.

Experiments were made with a new audiometer constructed by Prof. Alexander Graham Bell, expressly for this purpose in which normal hearing is denoted by 55 and total deafness by 0.

Only a few cases of total deafness have been found. Many born deaf, so deaf that they took no notice of sounds and were supposed to be deaf, can hear better than semi-deaf (those who once heard but through sickness or accident have become partially deaf). The most common numbers are about 13 or 14 but several cases of 20, 30, 40, and even 50 have been noted. While some with a hearing power of 18 can readily understand spoken words without any previous training of the hearing. And our

opinion based on our own experience in this line, is that a hearing power of 14, other things being equal, with training, will soon surpass a hearing power of 18 without such training.

Making all possible allowance for exaggerations these results are still extremely gratifying and we look forward to the official report of the committee with the deepest interest.

I doubt not there are today in sign institutions many supposed to be deaf who really have enough hearing to be utilized and who will be taught to use it.

Several cases in our own experience are peculiar enough to deserve special mention.

A little girl, ten years old, deaf from a fall in early infancy supposed to be totally deaf gave no evidence last year, of hearing but was very anxious to hear, is this year learning to hear words. A lad 14 years old, educated as deaf and dumb, two years, in the Iowa Institution, according to his own statement dropped from the articulation class as a very poor subject for speech, with no account at all made of his hearing, afterwards spending a year in the Nebraska Institution under similar circumstances except he was retained in the articulation class and learned to speak a number of words, was put in my aural class in December 1882. In the year and a half that he spent with me he acquired such command of oral speech and lip-reading that he was able to dispense entirely with the use of signs and understands by hearing alone a vocabulary of nearly two thousand words. He is at home to-day attending home school with his hearing brother and according to their account is doing well. Not that he speaks *perfectly* but so plainly that any one can understand, and as a rule, he has very little trouble in understanding what is said to him. Two boys of seven years (both were almost eight) entered my class deaf and dumb, could not speak a word, could not hear a word, did not understand a word of language. Both have been with me about two years and a half and in that time have learned to talk, hear, read, and write so well that strangers who hear them now for the first time



find it difficult to believe they ever were deaf and dumb.

The aural training has given them command of very pleasant voices. They read anything in the first and second reader with natural inflection and excellent modulation using intelligently a vocabulary of nearly three thousand words and understanding the same if spoken within a few inches of the ear. (A test was here given of one of the lads mentioned above. His face was turned so that he could not by lip-reading understand what was said to him. A number of persons in the audience at different distances from the platform addressed him asking questions and shouting to attract his attention but his reply when asked, "What do you hear Alex?" "Listen:" "Some one is talking" was every time, "I cannot hear any body." After the audience had tested the matter to their satisfaction, one lady leaving the front seat and standing quite near the platform with the same result, Miss McCowen spoke close to his ear, in a very quiet voice, asking question after question, his replies showing that he must have heard and understood.)

Now our theory is, the capacity for hearing in the first place was not sufficient to enable him to distinguish sounds with any accuracy and he became more and more indifferent to noises which conveyed no intelligent meaning until he seemed not to hear at all, just as we become deaf to the passing of trains, ringing of bells, and other sounds no matter how loud, in which we are not especially interested and which we do not therefore care to hear. Our first exercises attract his attention to noises which he gradually learns to distinguish and understand; the attention to sounds and the intelligent and accurate perception of slight differences in sound being the factors that give him the use of his hitherto latent hearing.

Our school was established for the special training of just such supposed deaf-mutes. I have in addition to this class received two semi-mutes who are totally deaf, but retain more or less speech and depend entirely on speech reading. It is also true that with young

deaf children it is impossible to make a conclusive test of the hearing, and I therefore receive all such on trial, and have one five year old boy who was supposed to have some hearing, but has since proved to be totally deaf.

The hearing child learns to talk from imitation. While lying in the cradle, he hears and sees and understands much that is going on about him, and that is said to him long before he himself essays to talk.

Then he first begins his baby prattle, *co—oo, māmāmām, bābābā, dādādādā, oo-ä, oo-ä*, keeping up these vocal gymnastics until some fine day after you have said mamma or papa to him for the five thousandth time without a response, he surprises you by repeating the word very plainly. His progress from this time on may be very rapid or just the opposite, no two hearing children learning to talk in exactly the same way. Now it is not to be supposed that our little deaf boy is going to find a royal road to speech. The hearing baby heard the word five thousand times before he tried to speak it, the deaf boy may need to see it ten thousand times.

The hearing baby spent days and weeks and months on necessary vocal gymnastics, and so the deaf boy, and because he has waited five or ten years longer, as the case may be, before making a beginning, and because he must learn to locate and distinguish sounds by feeling instead of hearing, it must needs take steady persevering effort for weeks or months before any results ought reasonably to be expected. The hardest part of this first six month's work, is to give all these exercises in such a variety of ways, and in such bright interesting manner that the little fellow himself will not suspect the drudgery, but will all the time imagine he is having a very fine time.

From the very beginning we talk to him just as though he could understand us, and he very soon learns to recognize and appreciate the force of oft repeated school-room sayings as "come here," "stand up," "open the door," etc. etc., as well as the easy forms of table talk.

We are sure of one subject he is always glad to talk about. When he is hungry

for an apple, it is easy to try to say "apple," so with water if he is thirsty.

We take continual advantage of the fact that a silver quarter or a stick of candy which some one wants to take from him, makes "my" mean a hundred fold more than if it or any other word were given in a formal lesson in the school-room. When he understands and can speak the first word he learns to write it, and as we have black-boards in almost every room in the house, the little ones soon become very ready with the pencil. After they are able to appreciate a statement, we give all new words in sentences, weaving into lessons what we do, and see, and have from day to day.

When some appreciation of language as a medium of communication is established, it is time to attempt something with the hearing. It might be begun earlier if sufficient hearing existed to begin at once with words, but such has not been the case with my pupils.

A preparatory drill is first given on the vowel sounds passing to easy words which he already understands and recognizes from the lips, given first with the falling inflection followed from day to day by vowel modulations preparatory to accent and emphasis in words and sentences.

Our plan is make haste slowly. So long as possible, let every day's work include a full review of all that has been learned. Surround the child from the first with hearing, talking people, and every possible association that will seem to make speech desirable, and then be ever present and ever ready to help the struggling thought to a correct expression.

This necessarily requires small classes and much individual instruction, but we believe time thus spent in laying well the foundation more than repays in the ease and accuracy of succeeding work both oral and written.

On first investigation of this subject, the most startling discovery is that there are such great numbers of deaf children, and for those who are particularly interested, we give the following statistics gathered from the Tenth Census Report: Total number of deaf and dumb in the United States 34,000—1,437 under six years of age and 15,959 of proper school age (be-

tween six and twenty; 5,400 of these were reported as being in schools for the deaf, 7,000 had received more or less instruction in institutions though not now in school, making 12,000 educated or partially educated deaf-mutes—considerably less than half the total number.

In only 22,473 cases was the cause and condition clearly stated; of these 12,155 were congenitally deaf; 2,235 lost hearing from five to nine; 694 between nine and fifteen and 100 at fifteen years of age. There are over 3,000 children reported as deaf and dumb who had perfect hearing and speech till from five to fifteen years of age. Of the whole number of 34,000, 549 or less than one in every sixty, are being taught to use speech in oral schools; 337 more are being taught speech in sign institutions where their associations are entirely with deaf mutes, and where, as a rule, there is not the slightest incentive to use their speech outside the oral school-room for which reason it can never be to them a language in which they think and which they use freely and easily.

A large number of other pupils in sign institutions are receiving from a half hour to an hour a day instruction in speech, using signs for all communications during the remainder of the day, and acquiring about as independent command of oral speech as the average public school pupil does of German who studies it the same length of time, hearing all explanations in English and using English constantly! True, the few words and sentences which he learns will in most cases, be a source of great pride and gratification to his parents, but speech can thus rarely become more than an accomplishment.

In your own noble state are something over 300 pupils in school at Council Bluffs, and as many more out of school. And my special plea is for those who have never yet entered institutions. Of the 300, say one-tenth belong to the class described as semi-mutes; that is, can talk but not hear, and another tenth have sufficient hearing to be used with advantage in learning to talk and hear, making together sixty children capable of being taught orally. This is a very modest estimate. It is our private opinion that a



very large proportion of the 300 who are capable of being taught at all, if taken young enough, could be taught to talk well. But if not, all authorities agree that the sixty can and ought to be taught to talk. Then why must they remain dumb?

In barbarous ages, Greece, Rome, and Athens, cast the poor unfortunate deaf-mute into the sea, regarding his misfortune as a disgrace. Will Iowa with her present prosperity, her general intelligence and her acknowledged high standard of public schools and public school teachers, allow these precious children with God given powers of speech and hearing, whose tongues are waiting to be loosed, whose ears are waiting to be opened, will Iowa allow them to remain silent and deaf to the sweet sounds of singing birds, of flowing brooks, and to the precious voices of loved ones?

Who among you teachers will give this subject some study, and if convinced of the truth of these statements, who of you will dare remain dumb in the face of so great responsibility?

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, December 1, 1884.

Movement of population for November:	
Present, October 31.....	252
Admitted during November....	1—253
Discharged during November...	0
Died during November.....	1
Transferred to Insane Asylum..	0— 1
Present, November 30.....	252
F. M. POWELL, <i>Supt.</i>	

SOLDIERS' ORPHANS' HOME.

DAVENPORT, December 1, 1884.

Movement of population for November:	
Present, November 1.....	243
Admitted during November....	16—259
Discharged during November...	3
Remaining, November 30.....	256
Of these 122 were girls and 134 boys.	
S. W. PIERCE, <i>Supt.</i>	

SOCIETY REPORT.

KEOKUK MEDICAL SOCIETY.

KEOKUK, December 1, 1884.

SOCIETY met at the office of Dr. Jenkins, with the vice-president, Dr. Scroggs, in the chair.

Present: Drs. Scroggs, Maxwell, McDonald, and Kinnaman.

Minutes of last meeting read and approved.

Dr. McDonald reported a case of puerperal convulsions. Woman, primipera, between eighth and ninth month. Patient had several convulsions, before my arrival she was moaning and in stupor with jactitation. Attempted to give bromide potassa and chloral but failed to administer on account of patient's refusal to take the remedy. Made an attempt at force which was unsuccessful, the patient going into convulsion.

Then introduced, per rectum, bromide pottassa, one dram; chloral hydrate, twenty grains, which was not retained. Bled the patient about three pints, until face changed from turgid blue to somewhat natural color. Gave another injection, per rectum, of bromide and chloral—gave hypodermatic of morphia and atropia, which gave rest for three hours without convulsion.

Before bleeding the os was dilated size of a dime, after bleeding somewhat more but rigid. After the rest of three hours gave chloroform; os, however, was too rigid to apply forceps. Gave another hypodermatic, which gave rest for five hours. After this the spasms were not so severe and patient began to have labor pains, os began to dilate and went on to fair labor, with now and then slight convulsion. Delivery in twelve hours, child dead. Patient was unconscious until the middle of the following day. Since then has been doing well.

The character of the convulsions before hypodermatic, were almost tetanic—rigidity of legs and arms, with some frothing at mouth, and biting tongue, also some opisthotonos. The bleeding seemed to relax and lessen the violence of the convulsions. Did not administer chloroform until after bleeding and hy-

podermatics. The os was rigid until after second hypodermatic, which seemed to do most good. There was no history of kidney trouble nor swelling of feet.

Dr. Maxwell commended the treatment, and said that such cases were trying at best. Great anemia of central portion of brain has been advanced as a cause of the trouble. Morphia and atropia repeatedly administered seems to be indicated.

Dr. Scroggs thought the convulsions were due either to albumenuria; inflammation; pressure on kidney; or a primary disease lit up by pregnancy; or to the shock of effort at dilation.

Convulsions might occur first five or six hours after delivery, under peculiar mental strain. Reported case of this character, where husband killed his brother about three weeks before confinement of patient. Treatment, bled from both arms until convulsions ceased. The patient would go into clonic convulsions if touched, and died in twelve hours.

In a case where convulsions occurred before the placenta is delivered, I give injection, per rectum, of chloral, thirty grains, repeated every half-hour until ninety grains were given. Patient recovered.

Probably the best treatment is to dilate mechanically and deliver as soon as possible, which should be done under an anesthetic. Chloroform being the best.

No objection to bleeding in full-blooded patient, but in speedy delivery this is unnecessary as you get depletion during delivery.

Pilocarpin may do good and is worthy of trial.

Dr. Maxwell continued report of fractured patella, reported at last meeting, September 1.

At end of six weeks removed splints and dressings and found fibrous union had taken place very satisfactorily. There does not seem to be any ancholosis of knee. Still using anterior and posterior splints, removing them daily. Patient is using knee slightly. Used Mead's adhesive plaster in original dressing. Patient moves about on crutches.

Dr. Maxwell reported case of a woman, age about forty-five, mother of two children, youngest of whom was eighteen

years of age. Patient was stout and healthy looking and menstruated regularly. She called on me September 1, having noticed fullness of pelvis for a year or two; was lifting and felt something give away and continued to feel weight and uneasiness for a week, then took bed, and had chills and fever. On examination found tumor filling vagina. Color, dark and sphacelus with sanious discharge, bad odor. High up in pelvis there seemed to be a ridge resembling the os, and above this reflection of vagina on neck.

Tumor seemed to be hollow, the walls gliding over each other. Not tender or sensitive, no particular pain or disturbance except that of weight and dragging. Consultation rather inclined to believe it an inverted uterus; seemed to be strangulated, black, and sloughing. Gave washes to correct fetid discharge, with quinine and iron internally. In a week a portion sloughed off and kept coming down until size of child's head.

Met to operate, found neck beyond pedicle of tumor, examined through bladder and rectum. Diagnosis still uncertain. On further examination of anterior portion of neck, found a slight depression and passed probe into uterus above. Ligated pedicle and cut away the tumor, which was of fibrous character and size of child's head. In seven days patient was up doing regular work, and as well as ever. Tumor attached to anterior surface of posterior lips of uterus, which elongated and afterwards ruptured part of the capsule, slipping up, formed the above simulating ring of an inverted uterus. Case very interesting as to diagnosis.

Dr. Scroggs reported case of girl eleven years of age who, last July, had attack of dysentery and flux. On September 22, was called to see her. Patient had fallen and received injury to left superior maxillary. Parents had given her several physics of Carter's pills.

Gave quinine for four or five days, had continued fever, temperature 102.

Gave Carb. acid, one grain; tincture iodine, two grains, well diluted, every five hours, continued several weeks; patient seemed to get better and sat up.



Found several lumps on her head, opened several, found pus in them, no inflammation. Several days afterwards was sitting up eating, felt better but complained of mouth. Examined and found black spot near median line of roof; spot was cold and began to break down next day; spot sloughed out, no line of demarkation. Spot appeared though, encircling entire cheek; broke down and passed to middle of nose and throat, some of the teeth dropping out. Patient died. Diagnosis, gangrene of face, account of low condition of system, probable injury to bone, setting up ostitis and phlebitis forming cold abscesses. For two days was free of fever. Died two days after black spot appeared on cheek.

Dr. Maxwell stated that injury to face very prone to phlebitis and embolism.

Subject of next meeting: Puerperal Fever.

Adjourned to meet at Dr. McDonald's office, third Monday in December.

P. J. PAYNE, *President*.

H. A. KINNAMAN, M. D., *Secretary*.

#### CENTRAL DISTRICT MEDICAL ASSOCIATION.

THE regular meeting of Central District Medical Association was held at the Butler House, December 16, 1884.

The meeting was called to order by the president, Dr. Chas. Enfield, of Jefferson.

The following members were present: Drs. A. A. Deering, secretary and treasurer; P. S. Moser, A. L. Wright, O. W. Lowry, D. J. Brookings, S. O. Stockslager, F. J. Kriebs, D. S. Fairchild, G. D. Rowe, L. J. Alleman, H. D. Ensign, D. N. DeTarr.

After the reading and approving the records the Board of Censors reported the following gentlemen as candidates for membership and they were duly elected: E. S. Bullis, Ames; Q. A. Sturgeon, Madrid; and H. S. Farr, Madrid.

Dr. L. L. Porter, of Moingona, and Dr. W. M. Huntington, of Vermont, were made members by invitation.

The report of the special committee made at last meeting was taken up and that part of the report in regard to honorary members was adopted.

A bill from the secretary for \$13.67, was ordered paid.

Dr. Fairchild opened the discussion on The Therapeutics of Bright's Disease and Its Complications, but in a very thorough manner the subject was discussed by Drs. Moser, Alleman, DeTarr, and Farr. Dr. Moser, later in the evening, exhibited a pathological specimen showing disease of the kidney.

Dr. Farr reported a case now under treatment.

Dr. Wright read a very interesting paper on Intestinal Obstructions and Its Treatment.

At this point in the proceedings supper was announced, and the members, with their wives and guests to the number of thirty-five, sat down to discuss one of Butler's fine suppers.

A short evening session was held with Dr. Brookings in the chair. The paper by Dr. Wright was discussed by several of the members.

Drs. Brookings and Lowry were elected delegates to the American Medical Association, and the president and secretary were instructed to fill the delegation.

The following members were elected delegates to the State Medical Society: S. E. Bullis, F. J. Kriebs, L. R. Sale, Q. A. Sturgeon, Geo. A. Stuart, W. L. Ross.

Jefferson was selected as the place for holding the next meeting and Drs. Schermerhorn and Grimmell were chosen committee of arrangements.

A short sketch of the life of Dr. R. S. C. Gwynn, of Madrid, who died July 24, 1884, was read by the secretary and ordered spread upon the records.

On motion a vote of thanks was extended to M. A. Butler, of the Butler for the manner in which we have been entertained, and for many courtesies extended to us during the meeting.

The paper to be read by Dr. Alleman, was continued to next meeting, and the society adjourned.

## SELECTIONS.

## THE IDEAL MEDICAL SCHOOL.

BY FLAVEL S. THOMAS, M. D., (HARV.)

WE are passing through a vast medical revolution, not only in human, but also in comparative or veterinary medicine.

The revolutionary measures must work mainly in the schools, but they originate in public sentiment, the general profession, and the Boards of Health, those censors of the medical schools.

Now what are we working for, what is our ideal, what is our type?

While we are shooting let us be sure that we see our mark. I have set up my mark and am shooting at it every chance I get. I am going to make it a life work. I am going to write upon it, in medical journals, as long as they will publish my articles. When they will not, I shall start a magazine myself and name it "The Ideal Medical School."

The idea is *not* visionary. Harvard, Minnesota, and Boston University Medical Schools are, or will soon be, very near my ideal. The fight will be to make the insignificant, cheap, detestable, *four five*, and *six* months schools, that have no shame, no pride, and no anything that is decent (excepting love of money), toe the mark. You cannot shame them. The only way to get hold of them is through the State Boards of Health. The Boards of Health of several states do not allow a graduate of a four months school, or one that does not require an entrance examination to practice in their states.

*Student beware! A degree, from a school with a course only four months long, is worthless! A degree from a school without an entrance examination is worthless! Why? Because it does not give you a right to practice in states with good laws regulating medical practice. In states without such laws one can practice without degree—like any quack.*

*Medical Students! Attention! Do not be persuaded into attending a cheap school just because it is cheap. Do not attend a short course school just because it is a short course school. When you graduate you will be a cheap, short course man and physician all your life. Do not*

be deceived by the idea that an M. D. is an M. D., no matter where conferred. When you begin practice the first question is: "Where did you graduate?" And that question and the answer will often settle your fate. If you wish the position as examiner for a life insurance company or any similar position, the first question is: "Where did you graduate?"

"Day by day, the line that separates the graduates of superior or advanced schools from those of institutions clinging to the old standard, becomes more and more distinct. The attention of the community is aroused, and it is unquestionable that future graduates," of the best schools, "will not only be entitled to, but will receive, a larger share of the confidence of the community than will be given to those who pursue a less thorough course of study."

Many will say "I cannot afford to attend one of the best schools." You can by the time you are twenty-five. You will be worth more at forty, to graduate at a good school at thirty, than at a poor one at twenty-one.

*The Ideal School.*—It should insist upon an Entrance Examination in English, Arithmetic, Geography, History of United States, General History, Rhetoric, English Literature, Latin, French, German, Physics, Chemistry, Botany, Zoology, Comparative Anatomy, and a thorough *practical* knowledge of "Anatomical Technology as Applied to the Domestic Cat." By B. G. Wilder, M. D. (Harv.)

I would have an under graduate-course of four years leading to the degree M. B. I would not have M. B. conferred on any one younger than twenty-three. He must have performed every surgical operation, a number of times, on the cadaver, must have taken charge of five cases of obstetrics. The instruction should be largely clinical, and in the various laboratories. In a word, I would have the M. B. course almost exactly like the four years M. D. course at Harvard. Any one could begin practice upon taking his M. B. if he chose.

Before taking M. D. one should be twenty-five years, and have studied two years after taking M. B. The M. D. course should be largely post-graduate elective studies and hospital work. Be-



fore receiving M. D. he should have performed all the common operations on the living body, and have attended every available variety of cases in the different departments of medicine. He must have taken a thorough course in veterinary or comparative medicine.

A word upon this subject. Comparative medicine is becoming of more importance every day. Many of our diseases are derived directly or indirectly from the lower animals. Most of the experiments are performed upon some domestic animal. The veterinary student studies human anatomy, pathology, and therapeutics during his college course. Is it not a sad oversight that we do not require the study of comparative medicine, especially when there are Veterinary Schools connected with nearly all our best universities?

The M. B. will be the general practitioner of the future. The M. D. will be a superior practitioner, medical professor, and investigator.

### THE CURE OF CROOKED NOSES BY A NEW METHOD.

BY JOHN B. ROBERTS, M. D.

[Read before the Philadelphia County Medical Society.]

I PRESENT this patient to the Society, to show the manner in which I treat the very disfiguring lateral deformity of the nose, so often seen after falls or blows which have fractured the septum and cartilages. The method is, I believe, original. It is certainly attended with very little inconvenience to the patient, who, after recovering from the anæsthetic, can at once attend to his occupation, without wearing any apparatus to call attention to the surgical procedure by which his crooked nose is being made straight and shapely. The usual advice given to patients with deformed noses from nasal fracture sustained in childhood or later, is to undertake no surgical treatment, but to become reconciled to the disfigurement of feature as best they may. This is, I am sure, improper advice. The cosmetic objection to a crooked nose is cogent; and, moreover, obstruction of one nostril,

from the displaced cartilages, is a frequent accompaniment of such lateral deviation of the tip of the nose.

This man sustained, ten years ago, a fall upon his face, from which he recovered, with the end of the nose bent to the right, and with considerable obstruction of the left nostril. I operated on him day before yesterday. You see now a straight nose, and nothing to call attention to the operation, except a small piece of black court-plaster a little to the right of the nasal bridge. Just within the right nostril, close inspection reveals the head of a pin, situated on the side of the septum, near the columella. The method of operation, therefore, is certainly not objectionable on account of making the patient unpleasantly conspicuous during treatment. This evening I merely wish to show the man, and refer to my method of dealing with such cases, because at a later time I hope to bring the subject of curing nasal deformities before the Society in a more formal and elaborate manner. Then, I may have no patient undergoing straightening of the nose, to illustrate the remarks.

Replacement of the deformed structures in this case was very simple. With a scalpel introduced through the left nostril, I perforated the cartilaginous septum at its upper and back part, and made a long incision through it in a direction downward and forward. This permitted me to push the whole cartilaginous portion of the nose to the left, and overcome to a great extent the lateral deformity. To retain the parts in this position, I introduced a steel pin about one and one-fourth inches long, into the right nostril, and passed it completely through the anterior and upper segment of the divided septum, near the columella. Having the movable portion of the septum thus transfixed, I was enabled, by carrying the head of the pin to the left, to move the anterior part of the nose to the left, and retain it there by imbedding the point of the pin deeply in the immovable cartilaginous septum and mucous membrane at the back of the left naris. In other words, I incised the deformed cartilages, and pinned it in position exactly as a dressmaker pins cloth when she is fitting a garment. There still

remained a little deflection of the end of the nose to the right, which seemed to be due to mal-position of the lateral cartilage close to the right nasal bone. With a tenotome in right nostril, I pared the cartilage loose, without perforating the skin, and pinned the parts over to the left by a second pin inserted from the cutaneous surface of the dorsum on the right of the median line. The point of this pin was fixed by having its point imbedded in the tissues of the left naris. It is the head of this second pin that is covered by the small square of court-plaster. The correction of the angular deformity of the septum removed most of the occlusion of the left nostril, which had greatly annoyed the patient.

I have given thus an idea of the method, which has, I believe, great capability for relieving unsightly nasal deformities. The novelty consists merely in pinning the parts in position until cicatrization takes place. Endeavors have occasionally been made, as by Mr. Adams, Dr. Weir, and others, to hold deflected noses in position, after operation, by the use of clamps, rods attached to the forehead, adhesive plaster, plugs, and similar devices. All of these are objectionable, because so conspicuous and troublesome, and would probably be used only in instances of great deformity. The pin method, however, leaves no noticeable scar, is not troublesome to the patient, and is applicable, therefore, even to those slight deformities whose chief annoyance is an æsthetic and cosmetic one. I leave the pins in position for about two weeks.

A few years ago, Dr. Mason, of Brooklyn, recommended the use of steel needles to hold the nasal bones in position, when, after recent comminuted fractures, it was difficult to keep the fragments sufficiently elevated. He transfixes the nose below the depressed fragments, and carries a piece of plaster or rubber band across the external surface of the bridge, from one end of the needle to the other. The needle acts as a girder, to tie the base of the nasal arch and prevent its falling in. This is a different use of the pins or needles from that which I am describing, and for a different purpose.

I have pins of lengths varying from one

and one-fourth to two and one-fourth inches, and with flat heads, so that there will be little projection under the court-plaster to attract attention when the patient is in public. The heads are square, that the pins, while imbedded, may be, if necessary, readily rotated by the fingers.

When the deformity is in the osseous portion of the nasal bridge, section with small chisels is usually necessary. Discussion of this topic, however, would carry me beyond the limits of the present subject.

Free incisions are essential in obtaining good results in cases of nasal deformity, such as was exhibited by this fracture. The surgeon must not spare the knife and thereby spoil the nose. Secondary operations may sometimes be required to get the best results. If a simple incision did not allow proper adjustment, I should excise portions of the cartilage with the oval punch or the scalpel, or make multiple stellate incisions with the stellate punch, and so produce general flexibility of the cartilage.

Recurrence of the deformity would, I think, be less likely to occur after free incision, pinning, and cicatrization, than after simple dilatation with or without incision with the stellate punch.—*The Polyclinic*.

#### IOWA HOSPITAL FOR THE INSANE

Mt. PLEASANT, December 1, 1884.  
Report for November:

	Men	Women	Total
Remaining October 31.....	258	220	478
Admitted in November....	10	7	17
Returned from visit.....	0	1	1
Total under care in the month.....	268	228	496
Discharged during month..	20	8	28
Daily average.....	252	220	472
Discharged, recovered.....	10	3	13
Discharged, improved.....	2	0	2
Discharged, unimproved...	3	2	5
Discharged, died.....	5	3	8
Remaining November 30...	248	220	468

Respectfully,

H. A. GILMAN, Supt.



**HOW TO SHRINK HYPERTROPHIED TONSILS.**—At a stated meeting of the Baltimore Academy of Medicine, Dr. Chisolm read a paper on the above topic, stating that he unhesitatingly prefers excision when the patient will permit the use of the knife. It is the safest, quickest and surest method. Prefers one radical operation to repeated ones. Has never seen a bleeding which gave any anxiety at all, and would regard it as due to injudicious or unskillful treatment. But timid parents may decline the operation for their children. No absorption is possible from internal remedies, or from the local use of astringents. Caustics alone under these circumstances promise diminution; but they are often violent in their action, require frequent repetition, and are difficult to limit in their effects to the surface. The tonsils are spongy in character, being honeycombed by the follicles dipping down into their substance. These follicles are more poorly supplied with sensory nerves than the surface of the gland, so that the caustic may be applied both more effectually and with less pain to the interior of the follicle than on the surface.

It is thus that Dr. Chisolm proposed to shrink the gland. He employs a wire the size of a fine knitting-needle and a saturated solution of chloride of zinc; he roughens the wire at one end, and wraps a little absorbent cotton on it; then dips it into the solution and thrusts it to the bottom of a follicle, keeping it there several seconds. Several of the follicles may be cauterized at one sitting, and a few applications suffice to produce shrinkage. This method is bloodless. There being no surface ulceration, no discomfort is experienced. Children seem to suffer none. Has applied it as early as four years. Chronic acid causes pain, ulceration and sore throat.—*Maryland Medical Journal*.

THE loneliest doctor in the world is the ophthalmologist who hasn't written an article on cocaine.—*The Medical Record*.

## TREATMENT OF ACUTE AND CHRONIC URTICARIA WITH BROMIDE OF AMMONIUM.

DR. JOHNSON: Within the last ten days I have treated three cases, two acute and one chronic, of urticaria with bromide of ammonium. The first case was that of a grocer, whose attack came on very suddenly about four o'clock in the evening. I saw him two hours afterward, and he told me that he was taken a year ago in exactly the same way, with violent hives, and that in two days the attack was followed by facial erysipelas. His face and hands were red and swollen and covered with hives, and he was rubbing and scratching in the most active manner. I prescribed the following: Bromide of ammonium, two drams; aqua destillata, six ounces. Mix. Shake well and take a tablespoonful every two hours.

I directed him to take in addition ten grains of blue mass at bedtime and a dose of epsom salts in the morning. His urticaria disappeared during the night, and he had no return of it.

The second case was that of a clerk. He had been eating fish for a day or two, when suddenly violent urticaria made its appearance. I prescribed for him: Bromide of ammonia, two drams; aqua camphor, six ounces. Mix. Shake the vial well and take a tablespoonful every two hours.

After the second dose his hives began to get better, and the next day they disappeared, without a return of them.

The third case was that of a young lady. She informed me that she had had the hives for three months. That they did not trouble her during the day, but just as soon as she got in bed at night they would come on and torment her dreadfully for two or three hours. I found nothing wrong with her but the hives, and I prescribed: Bromide of ammonium, one dram; aqua destillata, six ounces. Mix. Shake the vial well and take a tablespoonful every three hours.

In four days she returned to thank and inform me that the mixture had cured her hives.—*American Medical Digest*.

# THE Iowa State Medical Reporter.

DES MOINES, JANUARY, 1885.

## EDITORIAL.

### THE PUBLIC AND THE DEAF.

THE relations, which these two, bear to each other, are so very complex that it is better to consider a small part of them, in the abstract, at a time.

In our last issue we presented a paper taken from the *Voice*, that illustrates a few of the complexities of the above relations. In this issue, by reason of the fact that we have been able to present a well prepared and interesting paper, written from the standpoint of a teacher, without attempting to touch upon the pathological relations, and from the originator of the method described in this and the former article, we desire to call our readers' attention to a neglected field for fruitful returns. The casual observer of the deaf will admit that there are two great general classes of the deaf. One, those who lose the whole or the greater part of their hearing after the period of early childhood or after the time that the child has obtained command of the vocal organs for the production of speech. The other, before the period above described.

It is to the latter, of these two classes, that our attention has been called in the above mentioned articles. The physician in taking the field, covered by the above articles, and looking at it from his professional standpoint, will discover, in time, the ætiology, pathology, diagnosis, and prognosis; after which, the common place observation, too often heard, "he will probably outgrow it," cannot be conscientiously, at this time, accepted as the answer to the dictates of duty.

Let us anticipate the results: We find that the child, if left to himself and ordinary surroundings, either becomes a deaf-mute, a semi-deaf-mute, a dependent, or the latter, combined with either of the others. We find that he has a partial or complete loss of hearing, that he has no use, a partial use, or complete use of his voice. We find that the defect may be in the organs of vocalization, or of hearing. We find that the trouble may be due to malformation or to acquired changes, and that the acquired changes may, or may not, be amenable to treatment. Finally, we find these very conditions in all the several degrees between absolute loss or defect, and perfection. All must recognize, after having determined, by tracing through the conditions above mentioned, that one, a member of the class of deaf now under consideration, has not an absolute degree of defect, that there are two courses to be followed—one, medical and surgical care, to give such a degree of restoration and preservation of the organs as his condition will admit; another, to educate the defective organs to such degrees of usefulness as they are capable of receiving. This latter, belongs to the teacher.

The same principles, so well described, including isolation, with the necessary convenient surroundings, are equally valuable and necessary in the medical and surgical treatment.

When we recall, as physicians, that only three to ten per cent of imperfect hearing arises from diseases primarily confined to the internal ear; that a large portion of the remaining ninety-seven or ninety per cent can be bettered a certain positive degree by treatment, as shown by the statistics of those men who have exclusively devoted their time and attention to these diseases; that the public has generously provided for the treatment and education of its unfortunate insane and



feeble minded, and for the education of its blind; that the public has partially provided for the treatment of its blind and for the education of its mutes; and that the public has not provided for the treatment of its deaf, other than their general bodily condition; we, as representatives of the public in their treatment of the deaf for their special defects, owe to the public and ourselves a duty—to use our influence to correct these neglects. The absence of generous provision for the treatment of the deaf and a better provision for the treatment of its blind. There are several reasons for these neglects. Possibly the public does not consider the loss of hearing of much importance compared to the loss of vision, and yet, judging from observations, it seems that they do not value the organs of vision as highly as those of hearing; they do not hesitate to let anyone “tinker” with the eye, regardless of his qualifications. Of the servants who represent the public in their relations to the deaf, the teachers have been provided with some surroundings and conveniences for the successful prosecution of their work, and they are making good progress. A State Hospital properly constructed and properly managed so as to better provide for the treatment of the blind, and to care for the deaf, before they are sent to the State Institution for a long term of instruction, would be a benefit to the unfortunates and to the public, by improving the condition of the one and saving expense to the other.

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#### MEDICINE AND THE PRESS.

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THE observer, if a medical man, will notice with no small degree of satisfaction the goodwill and goodfellowship that exists between individual members of the

several professions. It is in the order of events that his attention, after having been drawn to this, should be turned to individual members of his own profession, and the relations which his profession bears toward the others. Again, it next comes in order that he should turn his attention to the more powerful and influential of his associates. It is with an extreme degree of pride that he finds that the foremost of these, the press, cherishes such a friendly and appreciative regard. But should the observer not be a member of our profession or so commonplace as not to understand the esthetics of mutual admiration, but see only cold, selfish motives, he might insinuate that the flattering notices which occasionally appear in the columns of the press, were placed there at a stipulated price per line, rather than from a desire on the part of the press to express their admiration for real merit. But, even the chilly observer will occasionally see that this appreciation is secondary, and is drawn in by circumstances of an event, of itself, of great importance to the public. Under such circumstances no one would question the sincerity of the press. There are occasionally other circumstances; for example, it happened not long ago that a worthy member of the profession, standing high in the esteem of his fellow practitioners, made such an impression upon some of the worthy members of the press, that they, spontaneously and unknown to each other, and in consideration of their goodwill and goodfellowship toward him, have so far interested themselves as to spend a long time in studying and preparing an elaborately written account, in all its details, of some of his professional achievements, that accidentally came to their notice. The profession should congratulate itself upon its position in the general esteem of the members of other professions,

and if some outsider (one living outside the boundaries of our state), should occasionally throw a little mud at us, we should ignore the insult in a manner becoming our dignity.

DR. AUSTIN FLINT, Jr., adds four more cases of diabetes to the fifty-two reported to the American Medical Association. The patients were placed on strict anti-diabetic diet and Clemens's solution of arsenite of bromine, beginning with three drops, increased to five, was also given. Of these four cases three were permanently relieved. In conclusion he adds, "*Diabetes has become to-day a disease easily and certainly curable, provided that the treatment be not begun too late.*" —*Louisville Medical Times.*

DR. F. H. BOSWORTH reports, in the *Medical Record*, that on applying a two per cent solution of cocaine to the nasal passages, the venous sinuses below the mucous membrane become, within twenty or thirty seconds, so rigidly contracted as to expel all the blood contained in them, and to cause the membrane to cling closely to the bony structure which then becomes sharply outlined. He has used the drug in hypertrophy of the nasal mucous membrane (*nasal catarrh*), acute *coryza* and in operations for nasal *polypus*. In each case the venous congestion or turgescence was so thoroughly kept down that all discomfort was removed, and in the case of polypi not only the recognition and removal of the growth became quite easy, but also turned out a bloodless operation.

ACNE is often reflex from urethra irritation. Dr. S. Sherwell obtained marvelous improvement in the faces of two patients, after long treatment had failed, by passing cold sounds every third day. The urethra was found sensitive, especially at about the junction of the membranous portion with the prostatic.—*Jour. C. and V. Dis.*

FOR SALE.—Residence, with garret, five rooms, office, large dining-room, kitchen, and cellar (in all ten rooms). There are three porticos attached to, and good sidewalks around, the house. Pump, with drains, in the kitchen. A coal and cyclone protection, under the sidewalk, bricked and arched, with an entrance from the dining-room. Also a one hundred barrel cistern and good well. Good barn for four horses and five tons of hay, buggy and cutter shed, and corn crib all under one roof. Five lots. Practice worth from two to three thousand dollars a year. Price \$2,500; a rare chance for one of the best locations in central Iowa. Address, Dr. Geo. Stitzell, Nevada, Story county, Iowa.

## IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, December 1, 1884.  
Movement of population for November:

	Men	Women	Total
Remaining, October 31.....	338	279	617
Admitted, curable cases...	1	3	4
Admitted, incurable cases..	10	6	16
Whole number treated...	349	288	637
Discharged, recovered.....	0	1	1
Discharged, improved.....	4	1	5
Discharged, unimproved...	3	1	4
Discharged, died.....	1	2	3
Remaining, November 30 ..	341	283	624

Yours respectfully,  
GERSHOM H. HILL, *Supt.*

CARBOLIC ACID IN AGUE.—The recommendation of a more frequent trial of sub-cutaneous injections of a one-per-cent solution of carbolic acid was made recently by M. Dieulafoy at the Societe Medicale des Hopitaux. He had employed the method in an obstinate case of tertian ague. The remedy, which is by no means new, is employed twice or thrice daily, in doses of from two to three centigrams, of the solution above indicated.—*Lancet.*



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## ORIGINAL ARTICLES.

### LEUCOCYTHEMIA.

BY J. M. BALL, JR., M. D., WATERLOO.  
[Late Interne to Mercy Hospital, Davenport.]

LEUCOCYTHEMIA—White cell blood.  
*Bennett.*

LEUCÆMIA—White blood. *Virchow.*

By the preceding names, we understand a chronic disease characterized by an excess of white blood globules, by enlargement of the spleen, liver and lymphatic glands, often attended by changes in the bone-marrow and terminating in death.

As a distinct disease, leucocythemia was not recognized till 1845 when Hughes Bennett and, shortly after him, Virchow described it. Four years later the first case was diagnosed during life by Julius Vogel.

The causes are obscure; race, age and heredity have no influence; as to sex, the male is to the female as 2 : 1. The causes mentioned by Mosler in the eighth volume of Ziemssen's Cyclopedia are chronic intestinal catarrh, syphilis, traumatism and intermittent fever. Chronic intestinal catarrh, says Mosler, by leading to hyperplasia of Peyer's patches, and the solitary glands, from which the morbid process spreads, may give rise to this disease. This view necessarily presupposes that the Peyerian patches are appendages of the great lymphatic system, as was announced in 1850 by Brucke. Intermittent fever, he believes to be a rare factor producing eight out of one hundred and twenty-four cases.

On the other hand, of one hundred and fifty cases analyzed by Gowers<sup>1</sup> one-fourth either had ague or had resided in an ague district. Trousseau<sup>2</sup> found the disease most frequent among the "ill-fed and badly lodged, the poor, those addicted to excess in alcoholic drinks and persons placed under unfavorable hygienical surroundings." He could find no necessary connection between malarial poisoning and leucocythemia. Pregnancy, small-pox, typhoid fever, rheumatism, and pneumonia are said to be causes. The differences of opinion existing among standard writers and our own limited observations force us to agree with Trousseau when he said that "no definite information has as yet been obtained as to the causes which give rise to leucocythemia." The symptoms and morbid anatomy can be studied in connection with the following case.

Carl Stein, a strongly built, white-haired man with blue eyes, a native of Germany and twenty-five years of age, had been in the United States two years and had been sick one year when he was admitted to Mercy Hospital, Davenport, May 31, 1883. His parents were living and in good health and none of his relatives had ever had any disease resembling his. No history of any previous disease or injury or of any excess could be ascertained. Patient was married and worked as a farm hand. The first indication of disease was a general weakness which was soon followed by ascities. He consulted a physician who detected a cardiac murmur and prescribed Digitalis and Acetate of Potash

(1) Quain's Dictionary of Medicine, page 820.

(2) Trousseau, Clin. Med., Vol. V, page 175.

under which treatment he improved. For several months the patient was lost sight of and his history during that time is not known. When admitted to the hospital, he was spitting blood which oozed from swollen and ulcerated gums; his pulse was rapid and full; temperature one hundred and one degrees, Fahr., at four, P.M.; ankles were oedematous, skin covered with profuse perspiration and there was a peculiar offensive odor about him.

In the substance of the skin, on the back, chest, and abdomen, were numerous button-like lumps varying from one-half to one inch in diameter; they were of a purple color, flattened, painful on pressure and movable only as the skin moved; they had been present four weeks, having been preceded by enlargement of the abdomen, and were caused by extravasation of blood into the cutis vera.

The abdomen had been enlarging for three or four months, was hard and tense and measured forty inches in circumference at a point midway between the xiphoid appendix and the umbilicus. The superficial abdominal veins were enlarged and tortuous, showing obstructed portal circulation. By inspection and palpation the abdomen was found to contain two large masses, the right being the liver and the left the spleen. The liver was smooth and enlarged, extending three inches below the false ribs at a point corresponding to the mamillary line. The notch on its anterior border separating the right from the left lobe was plainly felt. The spleen was smooth, hard, and slightly movable, extending downwards to Poupart's ligament and one inch to the right of the umbilicus. Both these organs were painful only when pressed on, but by their weight and size caused dyspnoea, irregular cardiac action and inability to lie in any but the left dorsal decubitus. The apex beat of the heart was in the fourth intercostal space and at the base, a soft blowing murmur was audible. The sounds were exaggerated and transmitted over the greater part of the chest.

The cervical, axillary and inguinal glands were slightly enlarged.

The urine was normal in amount,

light colored, acid, with specific gravity 1012 and contained albumen and large excess of uric acid. Appetite and digestion were good and he had not lost flesh. Such was the condition of our patient when admitted. His subsequent history is soon told.

There was always elevation of temperature but of no special type; petechial spots appeared on his wrists and ankles; the lymphatic glands increased in size, mastication and deglutition became painful, aphonia followed and a few days before death a pustular eruption covered his ears, scalp, and face. There was profuse sweating and great vascular excitement, the dyspnoea increased and mucous rales were heard over the left chest.

Good food stimulants, ergotine, tannic and gallic acids and quinia failed to afford more than temporary relief. Stein died by asthenia, June 12, 1883.

Post mortem examination, four hours after death.

No apparent emaciation; there was no fat beneath the skin or in the omentum. The mesenteric glands were as large as pigeon eggs, hard and fibrous. The spleen was smooth and hard; it was twelve and one-half inches in length, seventeen inches in circumference and weighed seven and one-half pounds. It extended from a point corresponding to the left nipple into the iliac fossa and to the right of the median line. There were no adhesions but on the outer surface were two spots, one reddish, the other of a light yellow color, doubtless the result of a local peritonitis.

The liver was enlarged, of a fibrous consistence, adherent to the diaphragm and weighed ten and one-half pounds after two quarts of blood had flowed from it. The hepatic veins were three-fourths of an inch in diameter; the size of the portal vein was diminished by enlarged glands at the transverse fissure. The portal and hepatic veins were full of coagula which were peculiar in this, that the upper one-half of each coagulum (lengthwise) was of a yellow color and resembled pus, while the lower half was the color of chocolate. These peculiarities were due to the difference in specific



gravity between the leucocytes and red blood globules.

The stomach was placed obliquely being compressed between the liver and spleen. There were chains of enlarged glands, outside the organ, along both curvatures; and in the coats, at the greater curvature were two nodules, each the size of a hickory nut.

The kidneys were normal in size; the pelvis of each contained adenoid tissue.

The pericardium was the seat of serous effusion.

The heart was of normal size; on the upper part of the right ventricle were two yellowish masses of adenoid tissue; they were flattened, inseparable from the muscular tissue and each was the size of a dime. The valves were normal. The aorta was surrounded by enlarged black, bronchial glands.

The lungs presented nothing of interest.

The cerebral veins and sinuses contained coagulated, puriform blood. The brain itself was swollen and œdematous. The bone marrow was not examined.

These specimens can be seen in the museum of the Medical Department of the State University.

Two great facts must be kept in mind in studying this disease; first, the excess of leucocytes; second, the overgrowth of adenoid tissue. Whether the excess of leucocytes be the primary change and take place in the blood, as maintained by Kottmann; or whether a lymphatic organ becomes hyperplastic and produces the blood changes, as claimed by Virchow, is beyond our ability to decide.

*Diagnosis*—In the later stage diagnosis is not difficult, but early in the disease there must necessarily be great uncertainty as to its nature. In the case just reported an anaemic murmur was thought to be due to organic disease; and the breathlessness, pallor, want of strength, and ascities were said to be secondary to it. In this stage, also, leucocythemia may be mistaken for chlorosis and ordinary anaemia. It is in these cases that the microscope and the hæmacytometer are of great value. No rule can be adopted as to the proportion of white to red corpuscles necessary to con-

stitute this disease; Magnus Huss said one to twenty was correct but more reliance is to be placed on a progressive increase in the amount of leucocytes than on any proportion. In advanced cases with enlarged spleen, liver and lymphatics, it is possible to confound this disease with lymphadenoma or Hodgkin's disease, the adenia of Trousseau. This disease commences with enlarged lymphatics; the spleen and liver are next affected and the anaemia is secondary and there is no marked excess of leucocytes. It would seem incredible that a leucocythemic spleen could be mistaken for an ovarian tumor, yet such an instance has come to my knowledge.

The prognosis is absolutely and invariably bad. Those conversant with the literature of this subject may call attention to the reported cures by G. B. Wood, Mosler, and others. Wood in his work on Practice gives less than a page to this disease and cured his patient by blue-mass and blisters! Mosler devotes thirty-three pages to leucocythemia, claims to have seen twenty-one cases and tells us that it "is not in the least to be regarded as an incurable disease." After wading through those pages, one cannot but feel disgust for German speculation and verbosity.

An opinion as to the duration of the disease must be given with caution for these patients eat well, talk rationally and are able to walk almost up to the moment of death. Furthermore, there is a look of plumpness about them that may misguide a superficial observer.

The treatment of a disease of which the nature and cause are unknown is a mere speculation or at best symptomatic. Good food, stimulants, quinia and iron are indicated on general principles, while the hemorrhages call for ergotine, tannic and gallic acids. Electricity and ointments of mercury and iodine have been applied over the region of the spleen with supposed benefit.

It is strange that splenectomy has been recommended in these cases when it is known that spontaneous bleeding takes place from the mucous membranes. Its advocacy is based on the theory that the spleen is the organ producing the excess

of leucocytes, but practically the results are bad. Dr. Harris' able review of a monograph on splenectomy by Franzolini, an Italian surgeon, shows that out of nineteen cases in which the spleen was removed for this disease, eighteen patients died.

### GALVANO-CAUTERY FROM A NEW SOURCE.

BY F. E. CRUTTENDEN, M. D., DES MOINES.

THOSE, who have had occasion for the frequent use of the galvano-cautery, have found that even the batteries furnished by the best manufacturers have in them certain difficulties to overcome; difficulties that require much care and attention and even with this care and attention they, at best, are unreliable and not easy to control. It often happens, when the surgeon has prepared his patient and made the other necessary arrangements, that the current generated is so limited and irregular that the platinum electrodes remain at white heat but a few seconds and then cannot be heated again, or reach only a red heat, and this, only when the smaller wires are used. The writer has experimented with batteries of different makes, the best of which, one, manufactured by the McIntosh Battery Company, Chicago, in which the plates were of platinum and carbon, and which gave considerably better results than the ordinary zinc and carbon batteries, is open to the same objections, although in a less degree. The difficulties ordinarily experienced are of two kinds: one, impurities in the zinc causing short circuits and imperfect action, and requiring repeated and frequent amalgamation with mercury; another, constant changes in the strength of the fluid; and, when these difficulties are overcome it is necessary to keep up a violent agitation, for which an assistant is needed, in order to prevent polarization. These difficulties, together with the expense, are undoubtedly a common cause that prohibits the more general use of the galvano-cautery. The writer, after having experimented somewhat, has succeeded in overcoming all of these difficul-

ties, and has been able to add *complete control over the quantity of the current* and also to obtain a *uniformity of the electro motive force*. There are two serious objections that will prevent this battery at present, coming into general use; it is not portable, and it requires the surgeon's location to be near a dynamo, for lighting or motor power, that furnishes electro-motive force as low as that of the Edison system. The application of the battery, if we may extend the meaning of the word, embraces five distinct elements as factors: The generator, the conductors, the resistance box, the switch, and the connections to the electrode. The current is generated by an Edison dynamo, such as is used for ordinary lighting purposes. The conductor, a No. 18 (Birmingham gauge) copper wire, is connected to an ordinary main of the Edison Central Station Lighting System, and is carried to the resistance box, which is two feet long, eight inches wide, and nine inches deep, with numerous perforations for ventilation on all sides. This box contains one thousand eight hundred feet of iron wire, No. 18 (B.), arranged in spiral coils, forty-three in number, each forty-two feet long. These coils, are arranged in series as follows: Two series, having six coils each, with a conductivity and a resistance equal to a No. 11 iron wire; four series, of four coils each, arranged as above, and each, equal to a No. 13 wire; five series, of two coils each, etc., equal to a No. 16 wire; and five series of one coil each, etc., equal to a No. 18 wire. Making in all, sixteen series.

These series, are so connected up that any number of them can be thrown in or out of the circuit by means of a switch that has a direct connection, through copper wires, to each one of these series. The switch has, also, connections that will cut out the entire current. These series are so arranged, in the resistance box and connected in the switch, that when the current is first turned on it meets the whole resistance, and when it reaches the platinum, it is only sufficient to moderately heat a large size electrode. The series having the greatest resistance and the least conductivity are first turned off, then those having the



next greatest resistance and least conductivity, etc., thus increasing the quantity of the current and diminishing the resistance in a greater ratio than the ratio of the same sized wire to its length. This provides, by the increased area, for the different sizes of platinum wire without increasing the heat of the resistance box.

The connection to the electrode is made by a single cable, containing duplex wire, to which any ordinary form of electrode handle can be attached. The practical working of this application obtains the following results: a low tension current, not at all dangerous; a uniform current, under complete control, that will keep an electrode at any heat below the melting point for any time; a simple mechanism that requires no assistant; and an economy in time, material, and first cost; the last, is very great, compared with the ordinary battery.

It should be borne in mind that the current from *any dynamo* will not do, it must be *low tension*; that of the current used in the above, is one hundred and six volts. The mechanical appliances in this battery are crude, and open to many improvements, but the principles will solve the difficulties of the Galvano-Cautery for all who are so fortunately located as to give it a trial.

### CREDE'S METHOD.

BY WM. L. ALLEN, M. D., DAVENPORT.

It may seem superfluous to most active practitioners to mention anything about the expression of the placenta, because the practice has become so common; but the article by Dr. Merrill, in the REPORTER, Vol. II, No. 4, contained the following, to which I wish to take exception, for it misrepresents and misapplies Crede's method; in discussing the management of the placenta in *premature* labor he says: "There is Crede's method, which is something like taking hold of a cat just above the pelvis and trying to squeeze her out of her skin. Doubtless it might be accomplished, if one would squeeze long enough and hard enough."

In most cases of *premature* labor, there are conditions present indicating, as Dr. Merrill says, "bold, prompt and judicious measures," and for these the expression method would be utterly inadequate, but it was not for such cases that the plan was proposed and adopted; in these cases there are such intimate relations established between the uterus and placenta, little if any fatty metamorphosis of the decidua serotina having as yet taken place, that it is only natural to expect that in this *premature* separation there may be a laceration of the placenta, and the retention and adhesion of a piece or pieces of the same, which can be more safely removed with the finger than by any other way. Crede's method is advised and adopted, in labors at term, in most obstetrical hospitals for the following reasons:

*First.* It is desirable that the patient's mind be relieved from that anxiety which is unnecessarily prolonged in passively waiting for the expulsion of the placenta, and that she be made comfortable as soon as possible.

*Second.* It is desirable that the uterus, which is frequently in a condition of atony, be assisted or caused to contract firmly, and that, after having expelled placenta, membranes, and clots, it remain firmly contracted and the danger from post-partum hemorrhage eliminated. In the lying-in wards of the Vienna General Hospital, the midwives are instructed to wait fifteen or twenty minutes after the completion of the second stage, and if the placenta is not spontaneously expelled, to express it, which they do easily and speedily during a pain; the placenta and membranes are received in a basin which is marked with the case number, and set aside for inspection by the Internes; the patient is made comfortable with dry, warm sheets, and as soon as the child is washed and done up, is conveyed to another room.

In Carl Braun's<sup>1</sup> reports, out of 61,949 cases of labor occurring in his ward in sixteen years, I can only find mention made in the post-mortem records of thirty-six cases that could be ascribed to

(1) Braun's Lehrbrich der Gesamnten Gynaekologie, page 885.

hemorrhage, and twenty-six of these rupture of the uterus was present as the cause of hemorrhage.

During a stay of more than a year in Vienna, I can remember but one case of post-partum hemorrhage, and that occurred in a patient brought into the hospital twenty-four hours after delivery by a midwife; and just here let me add my protest against the unlicensed increase of midwives in this country; in Germany midwives are obliged to pass a severe examination, have the most lavish opportunities afforded them to perfect themselves in their line of work, and are nevertheless only allowed to operate under certain conditions, yet in spite of all this, cases are constantly being recorded of the most fearful and shameful ignorance and neglect on their part; what may come to pass here, without a system for examination or license, and with our limited means for perfecting the education of midwives, is something terrible to contemplate. Expression of the placenta is very generally practiced in Germany, and the official instructions to midwives decidedly favor this plan.

Ahlfeld<sup>2</sup> criticises Crede's method most severely, but with such flagrant unfairness and misrepresentation that one cannot but doubt his reliability.

Although methods of expression of the placenta have been practiced for years, even among the Indians, and certain methods have been in vogue in Dublin for nearly forty years, still it was Crede, who brought the matter forcibly before the profession in 1853, and in a recent article he says,<sup>3</sup> that he still holds the opinion that the speediest possible delivery of the placenta, and consequent completion of labor is the best practice, but he does not wish to be understood to recommend the first, or any particular pain or time at which such expression shall take place, "however, in my experience taken from careful records of a great many cases, I have found the best and safest time for the expression is coincident with the third or fourth pain, which would be on an average about five minutes after the delivery of the child."

Dr. Richard Lumpe, formerly Spaeth's assistant, in a very excellent article<sup>4</sup> on the physiology and pathology of the third stage, states that the Crede method is best and easiest undertaken, no *pathological* conditions existing to indicate other practice, at a half hour post-partum *infantis*. It seems to me, that the conditions calling for the application of this method in hospital practice, are quite as prominently present in private practice:

*First.* When properly applied it assists nature by stimulating or exciting contraction, and when necessary by actually supplying force and support to the atonic muscular walls of the uterus.

*Second.* It relieves the patient of a great amount of discomfort and anxiety.

*Third.* It diminishes to a certain extent the liability to post-partum hemorrhage.

*Fourth.* It saves time to the busy practitioner.

## A WOMAN'S HOSPITAL FOR IOWA.

BY J. W. SMITH, M. D., CHARLES CITY.

It has been the policy of Iowa to provide for all classes that are not able to provide for themselves; as in the several institutions for the insane, deaf and dumb, blind, feeble minded, etc. This is in accordance with the humane and utilitarian spirit of the age. The expense is considerable, but, being evenly distributed, it is not severely felt, and all such needy classes within the state now receive benefits that, otherwise, could only be obtained by the rich.

While it is not wise to multiply charitable institutions unnecessarily, it appears that there are frequent cases of diseases and injuries peculiar to women that could be treated so much more successfully in a well managed hospital, than in many homes by the average physician, as to justify a State Hospital for Women. The successful work of woman's hospitals elsewhere is sufficient evidence of the great good that they have already accomplished.

(2) Berichte und A aus der Gel. Klinik zu Giessen.

(3) Archiv fur Gynakologic Bd. Hft. 2, page 314.

(4) Archiv fur Gynakologic Bd. XXIII.



The subject should be agitated, and the medical profession can do more than any other class to convince the public of the wisdom and need of such additional state institution. It would take an occasional patient out of the hands of the medical practitioners of the patient's locality, but physicians who honestly and intelligently labor for their patient's recovery, will not object, but rather rejoice at her more sure and speedy prospect of recovery by the change. The better class of physicians have nothing to fear, but much to gain by the aid of such a hospital.

When the people are convinced of the of the need of a woman's hospital, petitions to the General Assembly will be in order, and it is to be hoped that at no distant day the class directly interested may receive the benefits of such hospital treatment.

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## SELECTION.

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### NOTES ON THE INDICATIONS FOR THE USE OF THE PESSARY.

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BY WALTER P. MANTON, M. D.

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[Read as an opening to a discussion before the Detroit Academy of Medicine.]

AMONG the labors of Hercules, we read that he drained the Augean stables, which had escaped that process for thirty years, by turning the rivers Alpheus and Peneus through them.

In attempting to answer the above question to-night, we have a task before us greater than that of Hercules, and although we may turn on all the flood of literature which has appeared on this subject during the past decade, it is hardly to be hoped that at the end we shall have made more than a little progress toward the answer of the inquiry.

We may have great book-learning on the subject, or we may be possessed of that *tactus eruditus* which is so desirable, and yet, if we have not a combination of the two, with a flavoring of experience, it avails us nothing.

We may answer this question roughly by saying that the pessary may be used in all cases where, by means of leverage

or support a displaced uterus, which will yield to no other rational treatment, may be rectified, or at least remedied as to position, to that extent that it will not interfere with its own or the normal functions of other parts.

We can go still farther, and say that it may be used in cases where other parts or organs are displaced, thus producing conditions which act more or less directly upon the uterus, and tend to cause pathological changes in that organ. Having gone this far, we must stop and distinctly understand that no "hard and fast" lines can be drawn in regard to the use of this instrument, and that at most we can merely indicate the class of cases in which it may prove of service, leaving the decision of its application to the experience and judgment of the practitioner. It seems to me that it is not sufficient to be able to say after bimanual examination that the uterus is verted or flexed one way or the other; but we should endeavor from the evidence furnished by the history of the patient, her habits of life, etc., to get at the factors which have produced the displacement, and direct our treatment, not only to the uterus itself, but also to the root of the evil. There are a great many agencies at work in our modern civilization to produce uterine displacements, or at least those conditions of the uterus which sooner or later result in such displacements.

The inactive life led by the majority of women in the higher classes; corsets and tight lacing; overheated rooms and little outdoor exercise; soft lounging chairs, and the popular novel; with many other like "refinements" might be mentioned. I am fully convinced, also, that over-work at school just at puberty, when the physical life demands all the strength which the young girl has, is one of the greatest evils in producing uterine disease. It is a well-known physiological fact that activity of an organ gives rise to an increased blood supply to that organ, a supply which, for the time being may produce, not anæmia, but a very reduced circulation in other parts.

This great amount of mental work which, in these days of cram, the school girl has to perform, flushes the brain with

blood, to the detriment of other, and at this period of life, more important organs, namely, the uterus and ovaries. For the reasons just mentioned the organs of generation are poorly developed, and a condition which Grailey Hewitt has aptly called "uterine starvation" is produced. We have all seen what a difference complete mental rest, country air, and physical exercise, with a plenty of milk, eggs, and butter, has made, not only in the appearance and spirit of such a girl, but also in her beginning menstrual life.

Another fruitful source of displacement is the failure of uterine involution after parturition. There can be no doubt that conditions before marriage, a very few of which I have just hinted at, tend to cause this. In many other cases indiscretions on the part of the patient or her medical attendant during the puerperium lead to subinvolution and subsequent displacement of the womb. Endometritis, etc., by softening the tissues lead to versions and flexions, while inflammations in the parametrium and the various uterine ligaments are *frequently* the cause of these conditions.

Uterine and extra uterine tumors and many other conditions, which need not be mentioned here have an influence in producing displacements. In considering the advisability of using a pessary in a given case, we must consider what *good* the instrument is going to do, and also what harm it *may* do. The indications when a pessary *should not* be used have been sufficiently set forth in my paper on the use and abuse of the pessary, but in order that they may be before us in the discussion of this subject, I will briefly repeat some of them.

The pessary should *not* be used:

*First.* If there is inflammation about the uterus, or a tenderness of the fundus of the displaced organ. Here preliminary treatment is necessary before resorting to mechanical means for replacing or supporting the uterus.

*Second.* Adhesions should, by proper treatment, be broken up before attempting to replace the womb. There may be certain rare exceptions to this rule, as in the case mentioned last week by Dr. Andrews, and even here other treatment

might, perhaps, have effected more than the partial support afforded by the pessary. If adhesions are not attended to first, the result will generally be anything but encouraging to the physician.

*Third.* Where vaginal erosions or inflammation are present.

*Fourth.* Where a prolapsed ovary is bound down by adhesions. Here pressure from a pessary causes pain.

In thus determining the use of the pessary by exclusion, we have left all cases where the displaced organ is free—a condition unfortunately too rarely met with. By raising an antiverted or flexed uterus, we remove pressure upon the bladder, and enable that organ to perform its functions normally. I have known cystitis caused by the irritation produced by an antisposed uterus to be cured by the use of an antiflexion pessary.

In retro-positions we may have pressure upon the rectum, constipation, and hemorrhoids, inflammation, ulceration, and even perforation of the bowel. If any or all of these are to be cured, the pressure must be taken away; and for this purpose the pessary is just the thing.

Great pain, and even convulsions produced by the pressure of the uterus upon the sacral nerves are relieved and perhaps permanently cured by means of the support.

A case in point is the one I mentioned, in the discussion last week, where the patient, a woman about thirty-five years old, was cured of convulsions by the reposition and support of a retroposed uterus.

In prolapse of one or both ovaries, a bulb pessary which will prevent the ovary from getting behind the uterus, and thus being subjected to pressure, will earn for the practitioner a grateful patient.

In prolapse or sagging of either or both walls of the vagina, a pessary may prevent a displacement of the uterus and all its sequelæ. These two last statements explain what I meant when I said that the pessary may be used in cases where other parts or organs are displaced, and thus produce conditions which act more or less directly upon the uterus.

In early pregnancy, if we find a retroposed uterus, the adjustment of a pessary



—the organ having first been replaced, in the knee-elbow position—until after the third month, when the uterus has risen out of the pelvis, may save the patient much suffering, and perhaps an abortion, or even death.<sup>2</sup>

The relief which a pessary affords to a patient with a greatly engorged retro- or antro-displaced, or a heavy sagging womb cannot be placed on paper.

As a means of aiding treatment in uterine diseases the pessary plays an important part.

Whether uterine displacements can be cured by mechanical treatment alone, I am unable to say, as my own observations have been mostly confined to dispensary patients, a class appearing and disappearing as soon as relief, or otherwise, is observed.

Consulting the works on diseases of women, I find a general acknowledgment of the great service rendered by the pessary; but as regards the curability of displacements, there is a like reticence. Dr. Munde, in an article in the *American Journal of Obstetrics*, Vol. XIV., p. 289, discourses at length on this subject, and is rather inclined to doubt the curability of displacements, either by mechanical or other means.

Whether or not this is true, we do know as a positive fact that a very great amount of suffering is relieved and done away with by the proper use of this instrument.

In the foregoing remarks I have only sought to direct your attention to certain points in regard to the use of the pessary. I do not think that I have in the least degree answered the question which interests us this evening, I might say much more, but in the end it would be the same.

The whole use of the pessary cannot be told—it is a matter of individual experience, and one man will use it with success where his neighbor would not have thought of it.

In closing, I beg to append a single case which will illustrate two points:

*First.* The mischief which may be done by the improper use of the pessary.

*Second.* The satisfactory results of its intelligent application.

Mrs. C., American, married, aged 25; no children; no abortions.

Menstruation regular; lasts four days, and necessitates the use of eight napkins. Pain throughout the period.

Duration of sickness, two years.

Patient was always well until three months after marriage, at which time she fell down stairs while menstruating, the result being a severe pain which lasted throughout the period.

Since that time she has worn various external and internal supports. Last summer (1880) the uterus was put in position and a support introduced.

*Following this she was in bed for three months with "inflammation."*

She complains now of constant pain in the back—painful micturition and constipation.

Physical examination shows a retroverted uterus with adhesions. After about six weeks of treatment, which consisted largely in packing the vagina so as to break up the adhesions, the uterus could be replaced, and a hard rubber retroversion pessary was introduced, and shortly after the patient was discharged "much improved," with directions to return from time to time, that the action of the pessary might be watched—*The Detroit Lancet*.

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## SOCIETY REPORTS.

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### MITCHELL COUNTY MEDICAL SOCIETY.

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OSAGE, January 21, 1885.

THE twenty-fourth annual meeting of Mitchell County Medical Society was held with Dr. A. H. Moore, Osage, at his residence, Wednesday, January 21, 1885. A large number were present, including many ladies. This is one of the pleasant features of the society, as uniting social with professional life brings into closer harmony all the members. Owing to the extreme cold and the bad traveling, members living at a distance were unable to be present.

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(2) On this subject see Tanner. Signs and Diseases of Pregnancy, pp. 320—442.

In the absence of the president, Dr. Fellows, of Riceville, and of the vice-president, Dr. Rolfe of Stacyville, the society was called to order by the secretary, Dr. S. B. Chase, and Dr. Blackman chosen president, *pro tem*. The records of the meetings for the year were read and approved.

By vote of the society, Dr. Fellows was requested to read his annual address at the semi-annual meeting of the society in July. The place for holding it was left with the secretary.

The routine business of the society concluded, the report of cases was declared in order.

Dr. S. B. Chase reported a case of semi-acute rheumatism in himself, in which he was giving fluid extract of Manaca a trial. While it appeared to relieve he had not found it a specific.

Dr. F. M. Moore said that fluid extract of Tongaline had succeeded better in his hands than Manaca; or, in fact, than any other remedy.

Dr. Blackman said that the Phos. Am. in five to eight grain doses, in solution, from four to five times a day, continued, was by far the best remedy that he had tried.

All present considered salicylate of soda, in full doses, the best remedy we have in acute rheumatism, but the general conclusion was that when this "nipper" seizes a medic it treats him much as it does an ordinary mortal, to which the writer responded, amen.

Dr. Blackman reported a case of shoulder presentation which he met a few days before. The doctor said he had little difficulty in seizing one foot and turning. The other foot he could not find readily so he brought the child forward with such hold as he had, carefully guarding, as he supposed, lest the chin should get caught above sym. pubes. When he thought all right he suddenly found the door latched and the thumb-piece gone. Considerably non-plussed for a moment, as every one in the same fix has found himself, the thought came that sharp flexion of the child upon the maternal abdomen might dislodge the chin. A trial proved the impression true, enabling him easily to deliver the child; child had been dead for

sometime. The case gave rise to much discussion, in which some of the older members related peculiar experiences in such dilemmas. Dr. Whitley reported a similar case he had met in consultation, where the flexing process was a grand failure.

Dr. Frank M. Moore reported a case occurring in his hands a few days before in which a prolapsed funis gave him great trouble. He said the joy he felt when a terrific pain brought a living child with the funis, could scarcely be measured.

Dr. Whitby reported a case of twins he had the pleasure of delivering the week before in which there was an entire and perfect placenta, with a thin, veil-like septum between the children. He also reported another case in which the placenta and cord were almost gangrenous in appearance, caused, in his opinion, from a detached placenta during or just before the commencement of labor. The child was apparently dead when born, but was restored.

Dr. Frank W. Chase, Osage, was chosen president for the ensuing year; Dr. Morris L. Cutler, Riceville, vice-president; Dr. S. B. Chase, Osage, secretary; Dr. W. F. Cobb, Mona, treasurer.

Drs. Blackman, Whitley, and Gable were chosen censors; Drs. Rolfe and Gable delegates to American Medical Association, New Orleans; Drs. Blackman and Bundy delegates to Iowa State Medical Society, Cedar Rapids. The secretary was empowered to substitute, if those chosen cannot go.

A unanimous vote of thanks was given Dr. A. H. Moore and wife for the sumptuous and excellent dinner served the society—all present declaring the session one of the most pleasant and profitable they had ever attended.

Attest: W. W. BLACKMAN,  
*Pres. pro tem.*  
S. B. CHASE, *Sec.*

At a meeting of the Mercy Hospital Board held at Davenport, Dr. J. J. Tomson, was elected president, and Dr. William L. Allen, secretary, for the present year.



## SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, January 1, 1885.

THE twenty-ninth annual session of the Scott County Medical Society was held at the Academy of Sciences, January 1, 1885.

The president, Dr. McCowen, in the chair.

After routine business, reports of committees, etc., the treasurer, Dr. C. H. Preston, made his annual report.

The next order of business was the election of officers for the ensuing year. Dr. McCowen having already been re-elected to a second term, an honor but twice before conferred in the history of the society, and having declined being a candidate, Dr. J. H. Kulp was unanimously elected to the presidency, with Dr. Wm. F. Allen as vice president. Dr. D. P. Maxwell was re-elected secretary without a dissenting voice, and Dr. Preston re-elected treasurer for the sixth term.

Dr. McCowen introduced her address proper, by a brief resume of the year's work in the society. It was shown that within that time, five additions had been made to the membership. The new by-law requiring an inaugural thesis of new members had worked well; that instead of adjourning during the heated term as usual, meetings had been held during the entire year with three special meetings in addition; that eleven papers on subjects of medical importance had been read in the society and afterwards placed before the profession in the *MEDICAL REPORTER*, a journal sustained by the profession of the state; that the "proceedings" of the society had appeared regularly in the *REPORTER*. A memorial has been presented to the legislature in behalf of the chronic insane; the treasurer has reported the finances in good condition with a larger balance in the bank than for eight years; five dollars having been given to the sewer fund of the Academy and twenty dollars towards Dr. Farquharson's picture. There had been during the year an attendance fully up to the average and an encouraging and increasing interest in society work

from which showing, the doctor seemed justified in the conclusion that in resigning the chair to her successor she might do so with the comfortable assurance that their unique departure from the custom of ages in electing a woman to preside over their deliberations had, to say the least, not been accompanied by any disastrous consequence to the society, expressing, in conclusion, her appreciation of the uniform courtesy and consideration accorded her personally by the gentlemen of the society without exception, and the generous and hearty manner in which they had seconded all her efforts as presiding officer, she proceeded to read the annual address proper, in which she considered: "Inebriety; Is it a Disease?"

Drs. Middleton and Tomson were appointed as a committee to wait on the new president and conduct him to the chair.

Dr. McCowen in a few well chosen words introduced him to the society as the presiding officer for the ensuing year. Dr. Kulp responded briefly, thanking the society for the honor so unexpectedly bestowed, promising to do all in his power for the continued prosperity of the society.

The twenty-ninth annual session was declared adjourned.

## JEFFERSON COUNTY MEDICAL SOCIETY.

FAIRFIELD, January 28, 1885.

*Editors Iowa State Medical Reporter:*

GENTLEMEN—At a regular meeting of the Jefferson County Medical Society held January 20, 1885, resolutions were unanimously passed favoring the legal regulation of the practice of medicine in the state of Iowa. And it was further ordered that the delegates to the next meeting of the Iowa State Medical Society be instructed to urge that body to petition the next General Assembly to pass proper legislation to secure the above object. A circular letter was also sent to the different local societies in the state, requesting their co-operation by taking similar action in the matter.

## CEDAR VALLEY MEDICAL ASSOCIATION.

WATERLOO, January 6, 1885.

THE New Cedar Valley Medical Association met in semi-annual convention, January 6.

Members present: Drs. Morrison, of Traer; McClure, of Dubuque; Fullerton, of Raymond; Smith, of Charles City; Pierce, of Cedar Falls; Crouse, Fullerton, Ball, Ball, Jr., Knox, and Chase, of Waterloo.

Drs. Oscar Burbank and Wm. Boys, of Waverly, Dr. Geo. Minges, of Dubuque and Dr. H. W. Brown, of Waterloo, were admitted to membership, and the application of Dr. Everts, of La Porte City, was referred to the committee on membership.

Special committee on revision of constitution and by-laws reported through Dr. Crouse, chairman, and the report was adopted with the exception of a part of the last clause of Art. 3, in regard to membership, which read "and those who have been regularly in the practice of medicine for—years." Consideration of this clause postponed to a future meeting.

On motion, limits of the district were extended to include Jones county.

Paper by Dr. I. P. Morrison on Vascular Tumors of the Urethra, was read, discussed, and referred to committee on publication.

Adjourned until 1:30 P. M.

At the afternoon session Dr. J. M. Ball, Jr., of Waterloo, read a paper on Leucocythæmia, which is presented in the REPORTER.

Dr. Geo. Minges, of Dubuque, read a paper on Renal Cancer.

Dr. J. W. Thompson, of Minneapolis, read one on Ophthalmology.

The paper by Dr. I. W. Smith, of Charles City, upon Practitioners' Course, was, in his absence, read by the secretary.

All the above papers were discussed and referred to committee on publication.

Drs. Knox and Wilson being absent their topics were deferred to a future meeting.

The officers elected are as follows: President, Dr. McClure, of Dubuque; secretary and treasurer, Dr. Chase, of Waterloo.

The following committees were appointed:

Revision of fee bill—Drs. Knox, Horton, and P. J. Fullerton.

Finance—Drs. Ball, Jr., Minges, and Wier.

Membership—Drs. Chase, Minges, and Hill.

Standing Committee—Drs. Horton, McClain, and Smith.

Essayists—Drs. Pierce, Horton, and P. J. Fullerton.

Next meeting to be held at Independence, July, 1885.

## SOCIETY OF PHYSICIANS AND SURGEONS OF MUSCATINE COUNTY.

WILTON, February 5, 1885.

The regular bi-monthly meeting of Society of Physicians and Surgeons, of Muscatine county, was held at the McIntire House, Wilton, February 5, 1885.

The society was called to order by president, E. H. King.

Members present were E. H. King, A. A. Cooling, C. E. Ruth, G. O. Morgridge, G. D. Lazott, T. Sherwood, Milo Avery, S. Merrill, and A. R. Leith.

Minutes of last meeting were read and approved.

The name of W. M. Millen was proposed for membership; the board of censors reporting favorably he was duly elected a member of society.

Dr. Avery read a paper on the Tonsil and its Diseases. He reported several cases which had an erythematous eruption, not unlike that of scarlet fever, which appeared over only part of the body and disappeared again in from twelve to twenty-four hours; there was no desquamation or albuminuria.

On motion the paper was received and an interesting discussion followed.

Dr. C. E. Ruth read a paper on Cerebro Spinal Meningitis.

On motion paper was received and society adjourned for dinner.

Society called to order at one o'clock by the president.

Discussion of paper on Cerebro Spinal Meningitis, by Drs. Morgridge, Merrill, Cooling, King, and others.

Society adjourned to meet in West Liberty, first Thursday in April.

A. R. LEITH, Sec.



## IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, January 1, 1885.

Movement of population for Dec. 1884:

	Men	Women	Total
Remaining, November 30...	341	283	624
Admitted, curable cases...	3	4	7
Admitted, incurable cases..	17	8	25
Whole number treated...	361	295	656
Discharged, recovered .....	0	1	1
Discharged, improved .....	5	6	11
Discharged, unimproved...	3	1	4
Discharged, died.....	2	0	2
Remaining, December 31...	351	287	638

Yours respectfully,

GERSHOM H. HILL, *Supt.*

## IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, February 1, 1885.

Movement of population for January:

	Men	Women	Total
Remaining Dec. 31, 1884....	351	287	638
Admitted, curable cases ...	1	3	4
Admitted, incurable cases..	9	6	15
Whole number treated...	361	296	657
Discharged, recovered .....	0	3	3
Discharged, improved.....	0	1	1
Discharged, unimproved...	1	1	2
Discharged, died.....	5	1	6
Remaining January 31.....	355	290	645

Yours respectfully,

GERSHOM H. HILL, *Supt.*IOWA INSTITUTION FOR FEEBLE  
MINDED CHILDREN.

GLENWOOD, January 1, 1885.

Movement of population for December:

Present, December 1.....	253
Admitted during December....	4=257
Discharged during December....	3
Died during December.....	1
Transferred to Insane Asylum..	0= 4
Present, December 31.....	253

F. M. POWELL, *Supt.*IOWA INSTITUTION FOR FEEBLE  
MINDED CHILDREN.

GLENWOOD, February 1, 1885.

Movement of population for January:

Present, January 1.....	253
Admitted during January.....	5=258
Discharged during January.....	1
Died during January.....	1
Transferred to Insane Asylum..	0= 2
Present, January 31.....	256

F. M. POWELL, *Supt.*

## IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, January 1, 1885.

Report for December, 1884:

	Men	Women	Total
Remaining Nov. 30, 1884....	248	220	468
Admitted in December.....	10	9	19
Returned from visit.....	2	1	3
Total under care in the month.....	260	230	490
Discharged during month..	13	9	22
Daily average.....	248	221	469
Discharged, recovered.....	3	3	6
Discharged, improved.....	7	2	9
Discharged, unimproved...	0	2	2
Discharged, died.....	3	2	5
Remaining Dec. 31, 1884....	247	221	468

H. A. GILMAN, *Supt.*

## IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, February 1, 1885.

Report for January:

	Men	Women	Total
Remaining Dec. 31, 1884....	247	221	468
Admitted in January, 1885.	16	3	19
Returned from visit.....	2	0	2
Total under care in the month.....	265	224	489
Discharged during month..	12	13	25
Daily average.....	253	215	468
Discharged, recovered.....	2	9	11
Discharged, improved.....	2	0	2
Discharged, unimproved...	6	2	8
Discharged, died.....	2	2	4
Remaining January 31, 1885.	253	211	464

H. A. GILMAN, *Supt.*

THE  
Iowa State Medical Reporter.

DES MOINES, FEBRUARY, 1885.

EDITORIAL.

SHALL WE HAVE A MEDICAL  
LAW?

THIS subject is not a new one to our readers and neither will it become old. The REPORTER does not intend to let it remain idle long at a time, until it has become permanently and definitely settled.

Do we need a medical law? In New York, Ohio, Illinois, California, Missouri, Michigan, Minnesota, West Virginia, Texas, and some other states, the necessity for a medical law has been found, and each of them have placed one, on their statute books. Tennessee, Pennsylvania, and New Jersey have awakened to the necessity, and they are trying to get one. While Missouri is trying to better hers through an amendment to her present law.

Is the status of the profession of Iowa one, that needs no law? The State Medical Society, at each of its annual sessions for the last five years, has expressed *feebly* that we ought to have a law regulating the practice of medicine. What that law should be, the framing of it, who it should regulate, how it should regulate, and when it should regulate, has been left to a committee of a few members who have acted at the last hour, without any general consultation with the different societies, or individual members, and without legal advice (judging from the legal bearing of their production). This has always met with the defeat it justly deserved. A subject of such vital importance to the people and the

profession as this, is one that should receive consideration by all interested.

Those conversant with the facts that led to the above statements, can have no difficulty in seeing *why* all past attempts have been failures, and then *should* see the difficulties to be overcome. To those not conversant with them, we should say that some of the difficulties consist of the want of interest on the part of individuals; the want of interest on the part of auxiliary societies; the want of interest on the part of the State Society; and the refusal to recognize the fact, that the public in this, and other states, and that the profession of other states, do recognize that there must exist, at least, two separate schools of medicine, each of which have certain legal rights that must be recognized in all legislation affecting either of the schools, if we wish to avoid "class" legislation that is contrary to the fundamental principles of republican government.

What should be done? In about twelve weeks the State Medical Society will hold its annual meeting. The time is very short for so large a body to become thoroughly prepared to act wisely in conformity with the ideas obtained by interchange of thought with fellow practitioners, and from the experience of other states; therefore it is necessary that prompt and energetic action take place or, as the result from our efforts, two years more will pass by without a medical bill upon our statute books that is equitable to all concerned and that can be enforced.

The REPORTER makes the following suggestions to the several auxiliary societies of the state: that they call a special meeting to be devoted wholly to the discussion of this subject; that they, from this discussion, obtain a written majority and minority report, together with such



individual written opinions as the society may accept; that they appoint one or more corresponding members, who shall immediately correspond with the several societies of the state and obtain their views; that the society select a committee of not less than three, nor more than five members, to meet like committees from the several societies of the state in joint session at the time of the annual meeting of the State Medical Society; that they appoint one delegate to act with like delegates as a special committee to examine and to compare the various written reports, resolutions, etc., of the several societies, and then to report back to the "joint session" the most feasible plan. It will then be easy for the State Society, should it so desire, to supplement this "joint session" by adding a delegation from its members, and also a delegation from the legal profession. In this manner, it would be easy to obtain the views, and the concerted action, of the majority of the better element of the profession in the state. This plan is not only feasible it is simple. It has two objects that should recommend it to general favor. It gives an opportunity for individual expression, that will indicate the feeling throughout the state. It gives each member an opportunity to have his personal interests presented to the next legislature, and therefore, it will make him correspondingly interested into using his influence with the local members of the House.

Under our "society reports" of this issue, the reader will see that the Jefferson County Medical Society has already taken some steps in this direction. It has passed resolutions, and it has started a correspondence with its fellow societies of the state. We hope that this society will meet with prompt responses to all its communications, and that it will

adopt such additional measures as will give it the success it merits.

The columns of the REPORTER are, and will be, open with preference to all communications on this subject.

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## NOTICES.

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THE HYGIENE OF THE NERVOUS SYSTEM AND MIND. By C. H. Hughes, M. D., Saint Louis. Reprint, *Alienist and Neurologist*, January, 1885.

EXTENSIVE BURNS INVOLVING THE CAVITY OF THE KNEE JOINT. By W. H. Daly, M. D., Pittsburg. Reprint, *British Medical Journal*, December, 1884.

ADDRESS IN MEDICINE. By W. H. Daly, M. D., Pittsburgh. Delivered before the Medical Society of the State of Pennsylvania.

THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH. By G. M. Lefferts, M. D. Reprint, *Medical News of Philadelphia*. Published by Lambert & Co., Saint Louis.

This neat little publication sells for \$1, and like all of Lefferts' efforts is good. To the general practitioner its clear, concise, and simple mode of treating the subject makes it worth to them many times its nominal price.

ANNALS OF SURGERY. We are in receipt of No. 1, Vol. I, a monthly review of Surgical Science and Practice. Edited by L. S. Pilcher, M. D., Brooklyn, N. Y., and C. B. Keetly, F. R. C. S., of London, England. Published by G. H. Chambers, Saint Louis.

The typographical appearance is neat and inviting. Its contents are made up of original articles, reports of surgical societies, etc., which are all taken from writings and works of men well known as writers on surgical topics. From the contents of the first number, the profession may expect a valuable addition to literature on surgery.

## OBITUARY.

### WILLIAM BRAITHWAITE, M. D.

MAIL advices from England announce the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds, on January 31. *The Yorkshire Post* of February 2, contains the following:

He was the oldest medical practitioner in Leeds, and in his large and varied practice he was esteemed on all hands, both on account of his knowledge and his sympathetic and kindly disposition. Dr. Braithwaite was born in 1807 and was therefore in his seventy-eighth year. He was brought up by the Rev. Richard Hale, at Harwood Vicarage, and was apprenticed to the eminent surgeon, Mr. Thomas Teale, and afterward to his equally eminent son, Mr. Thomas Pridgin Teale, so that he pursued his medical curriculum under exceptionally favorable circumstances. He also studied at St. George's Hospital. The deceased gentleman began practice in Leeds on his own account in 1830, and filled the post of honorary surgeon to the Eye and Ear Infirmary and lectured at the Leeds Medical School on the diseases of women. In 1840 he began a medical work which has since become widely known. Its title is *The Retrospect of Medicine*. It is published half-yearly, and has now reached its ninetieth volume. During the last few years his son has been co-editor with him of this journal. He married a daughter of Mr. James Beardoe, of Ardwick Green, near Manchester, by whom he survived. He also leaves three sons.

### CAUTION IN THE USE OF COCAINE.

DR. KNAPP (*Med. Record*) says that he injected six minims of a four per cent solution into the orbit close to the posterior segment of the eye ball. The anæsthesia was complete, and the operation and recovery were without any disturbance. During the operation the patient's face became pale. The patient did not, however, complain. Again he injected

five minims of a three per cent solution beneath a sebaceous tumor the size of a walnut, in the center of the upper lid. The anæsthesia was almost complete, and the somewhat laborious operation passed satisfactorily, but during it the patient became as pale as a corpse, felt somewhat faint, asked repeatedly for drink and was covered with cold perspiration. In about fifteen minutes the condition, which was in no way alarming, disappeared. Though much larger doses have been hypodermatically injected before general symptoms were apparent, Dr. K. thinks that five or six minims of a three per cent solution may be too much for the orbit. The orbital cellular tissue is so vascular that it resembles cavernous tissue. Liquids injected into it may enter the general circulation more readily than from other parts. In further operations he would inject no more than one or two minims and gradually feel his way.

### SOLDIERS' ORPHANS' HOME.

DAVENPORT, January 1, 1885.

Movement of population for December:

Present, December 1.....258

Admitted during December..... 6=264

Discharged during December..... 00

Remaining, December 31..... 264

Of these 115 were girls and 149 boys.

Remarks: All are well and have been since August, 1883.

Respectfully,

S. W. PIERCE, *Supt.*

### SOLDIER'S ORPHAN'S HOME.

DAVENPORT, February 1, 1885.

Movement of population for January:

Present, January 1 .....264

Admitted during January..... 5=269

Discharged during January..... 1

Remaining January 31..... 268

Of these 126 were girls and 142 boys.

Respectfully,

S. W. PIERCE, *Supt*

A GOOD location for sale, rent, or partnership. Address, Box 117, Glidden, Iowa.



—THE—

# IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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VOL. II.

DES MOINES, IOWA, MARCH, 1885.

No. 7.

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## ORIGINAL ARTICLE.

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### A CASE OF CERVICAL LACERATION, PERINEAL LACERATION AND PROCIDENTIA, WITH TREATMENT.

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BY C. F. MARSH, M. S., M. D., MT. PLEASANT.

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THE following case is not reported because of anything especially unique in its history or treatment, but to furnish one more illustration of the amelioration which surgical interference may afford to the most deplorable physical conditions, and lift from the slough of despond, those who have for years been hopeless.

Mrs. A, a native of Ohio, forty years of age, of plethoric habit, was confined February 29, 1876, and had the pleasing (?) assurance made at the close of her labor that she was "badly torn." Her convalescence was tedious, no effort being made to repair the rent in the perineum at the time.

Some months afterward, while still nursing her infant, and pregnant as was afterward proven—though not discovered at the time—an operation for perineal laceration was made by two skillful medical gentlemen. Profuse secondary hemorrhage supervened, which prostrated her terribly; this, with inefficient nursing, destroyed the reparative process; superficial ulceration of the labia and nates was added to her other sufferings; as she expresses it, she has endured torture indeed. At the removal of the sutures it was found that a complete failure was the result, and she was in a worse condition than before.

Procidentia now developed, her pregnancy not even temporarily relieving it.

Harnessed with abdominal and uterine supporters, one after another, failing to alleviate or relieve, was cast aside and some new one substituted, until in utter disgust she discarded the whole of them.

Labor occurred at full time and subinvolution, but added fuel to the flame, the procidentia increased—a dermal condition of the exposed mucous surface developed—rectocele, cystocele, and in short all the evils gregarious, that but wait such a leading, now appeared. For nine years she hopelessly endured; for, those physicians in whom she had confidence gave her no hope of recovery, even our esteemed co-laborer, Dr. Byford (of Rush), gave an unfavorable prognosis, from a written statement of her case presented to him in 1880.

On the fourteenth of January last, I was asked by Dr. A—her step-son—to give, after an examination of her case, an opinion as to the amelioration. Examination revealed the worst case of procidentia I ever saw. The uterus having descended, dragging with it the vagina, a rectocele following as well as a cystocele. The depth of the uterus was  $6\frac{1}{2}$  inches. This when the lady was on her feet, hung pendent between her limbs. The transverse diameter of the cervix was 3 inches; and the cervix was lacerated to the depth of more than one inch bilaterally; a perineal laceration extending back to the anus, but not involving the sphincters—with its glistening smooth cicatrized surface, showing the impress of the former operation, was brought into view by pressing back the extended mass into place.

After taking into recognition the constitutional vigor of the lady, the fact that the procidentia could be readily reduced and retained in position with the tip of the finger pressed above the meatus urinaris, and that the infra-vaginal portion of the cervix was one of the main factors in giving the increased depth of the womb, I gave it as my opinion that the case could be wholly relieved by two or three successive operations; the first of which, should be an amputation of a portion of the infra-vaginal cervix; the second, either Sims' trowel shaped narrowing of the anterior vaginal wall or a perineal restoration. Hoping, that as a result of the help given to the involution process, by the amputation of the cervix, we might have a restoration of the normal size and weight of the uterus and that the necessary confinement in the recumbent posture, for the length of time incidental to the two operations might restore the ligaments to their normal condition so that a third operation might not be necessitated.

I amputated the cervix on the sixteenth of January last, having the able assistance of Dr. W. S. Marsh, of this city, and Dr. M. O. Arnold, of Ft. Meade, Florida. My operation consisted in passing a long slightly curved needle through the cervix just above the line of the proposed amputation, which was  $1\frac{3}{4}$  inches above the os; above this needle, and about the cervix, I passed a strong rubber band which so tightly constricted the vessels of the cervix that scarce a drop of blood oozed from the cut surface until the operation was nearly finished, when a small portion of the incised tissue slipped through the band, allowing a slight hemorrhage; I now cut off the cervix, about  $\frac{1}{4}$  inch below the needle, with a straight scissors; then placed ten silver wire sutures, being careful to preserve the integrity of the os, and drew the mucous membrane over the cut surface; and then twisted and shot the sutures and dressed with dry absorbent cotton for twenty-four hours. No hemorrhage whatever occurred after the sutures were adjusted. The operation was made without anesthesia, and there was no great complaint of pain. In my experience in

operating upon the uterus, for lacerations of the cervix, and for enlarging the os by Sims' method, there is such immunity from pain from the cutting that anesthetics are not required. During the last three months I have operated nine times without anesthetics and without complaint of pain or constitutional disturbance. The after treatment consisted of hot water douches twice daily, from 110° F. to 120° F.

The bowels were confined by opiates for seven days, then moved by enemata of water saponized. On the ninth day the sutures were removed, perfect union having occurred.

Menstruation came on a few days afterward and progressed normally, the womb receded three and three-fourths inches within the vaginal canal and it was three and one-half inches in depth. February 4th I made the perineal operation (using anesthetics); I denuded the surface with curved scissors, and adjusted four sutures, the longest of which was two and three-fourths inches. During this operation the bowels were confined as before. On the seventh day three of the sutures were removed. There was perfect union. On the ninth day four oz. of warm olive oil were injected into the rectum, followed in two hours with an enema of hot water; the bowels were evacuated easily; the remaining suture removed; and the pleasing announcement made to my patient, that a perfect result had been obtained.

I ordered the limbs to be bound three weeks longer, the recumbent position to be kept one week, after which two weeks of sitting up to be allowed, and then the patient to be liberated. I gave earnest precautions as to care in preventing accidents.

The uterus is retained in situ admirably, and notwithstanding 36 hours of persistent bilious vomiting at the end of the fourth week, no perceptible displacement occurred.

In the above, we have two important surgical operations, giving perfect results within five weeks. Ordinarily the convalescence from either consumes as much time.



## REPORT OF CASE.

### A CASE OF POISONING BY MORPHIA AND ATROPIA.

BY P. J. FARNSWORTH, M. D.

A YOUNG practitioner was called to see Mrs. V, a woman of about thirty, mother of four children. She had been taken with what she supposed to be premature labor pains, not expecting to be confined before two months. It was about midnight. She stated her case and he administered a full dose of morphine, say  $\frac{1}{2}$  gr. as the pains were severe. This seemed to quiet the pains and he portioned out five powders containing as he judged one-eighth grain of morphine and from one-fortieth to one-thirtieth grain of atropia, with directions that if the pains returned to give one in half an hour. Being very sleepy, from being up the night before, he went home, there seeming to be no reason for remaining. In half an hour the pains returned and a powder was given, in half an hour another, and so on at the end of each half hour. At three there was a gush of water and some hemorrhage; the husband said his wife seemed very stupid, and told him she was comfortable. At four she was breathing somewhat heavily and could not be roused. The doctor was sent for at once, who tried to arouse her with douches of cold water and with a galvanic battery, to all of which she seemed entirely insensible.

Council was called about six in the morning. We found the woman in a very profound sleep, face flushed, pulse 130, respiration twelve per minute, regular, temperature  $100^{\circ}$ ; raising the eyelids the pupils were widely dilated. Insensibility seemed complete; touching the conjunctiva caused no pain. The doctor informed us what the patient had taken and of what he had done to resuscitate her. An emetic of zinc sulphate, followed by a tablespoonful of mustard, had produced only a slight emesis. There had been no change in her condition for an hour. We decided to discontinue treatment and watch for results. On

making an examination of her abdomen we found the breech of a child partly extruded. It was pulseless and had evidently been there for some time. This was removed with the membranes without the least hemorrhage. It was a child of full term apparently. The appearance of the patient was that of a person profoundly anæsthetized, with slow but regular respirations, a tense, rather quick pulse, a dry skin, with some punctate redness about the face and shoulders, dry tongue and widely dilated pupils. These were signs of poisoning from both drugs, with the dangerous symptoms left out.

One of the children shut a door suddenly and she gave a start. We found that any sudden noise would rouse her, but not to consciousness—a clap of the hands, a blow of a hammer—while all other noises or excitations produced no effect on her. She was put into an easy and comfortable position and allowed to be quiet.

At 6 P. M. she could open her eyes when spoken to, but immediately closed them again, but would not speak or move. The respirations became faster and the pulse softer; the temperature continued a little above normal. At midnight she roused up and motioned for water and attempted to speak, which she could not do until her mouth and throat were wet. She complained of the light hurting her eyes, and then went into an easy sleep. At six the next morning she woke and asked where she was and what the trouble could be; her throat was dry and sore, and she could not see clearly. She remained quiet during the day, taking some nourishment and sleeping part of the time. In the afternoon she complained of severe headache and the dilation of the pupils continued. One-eighth grain of morphia was then administered, which relieved the head and eyes. By the third day she seemed to be entirely well and would have got up if she had been allowed. She had no recollection of two of the days past, had no hemorrhage and no secretion of milk in the week that followed. It seems to me to be a very excellent demonstration of the antagonistic properties of morphia and atropia. The woman took, in three hours,

over one and one-half grain of morphine and about one-sixth grain or more of atropia. A slight, nervous woman that the dose of either would probably have proved fatal, even in the divided manner taken, yet when together they only produced a lasting anæsthesia, without any bad results following. The child had evidently died from want of attention, the contractions of the uterus being sufficient to expel it and the placenta, and also to shut up the mouths of the bleeding vessels.

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## SOCIETY REPORT.

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### SCOTT COUNTY MEDICAL SOCIETY.

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DAVENPORT, March 19, 1885.

Postponed meeting.

The meeting was called to order at 8 o'clock, the vice-president, Dr. Allen, in the chair.

The secretary being absent, Dr. Braunlich was appointed secretary *pro tem*.

Members present—Drs. Tomson, Bracelin, Allen, Crawford, and Braunlich.

The minutes of the February meeting were read and approved.

A communication from the Medical Society of Jefferson county, in reference to a proposed new medical law for Iowa, was read by the secretary. Action was postponed until the April meeting.

Dr. Crawford, the essayist for the evening, read a paper on asthma.

On motion of Dr. Tomson, the paper was received by the society and referred for publication.

An interesting discussion followed the reading of the paper in which all members present took part.

As the board of censors were not prepared to report on the application of Dr. Nichols, for membership in the society, action was postponed until next meeting.

On motion, adjourned.

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It is stated that dram doses of the phosphate of sodium given three times a day is very useful in the treatment of gall-stones.—*Louisville Medical News*.

## MISCELLANEOUS.

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### RESOLUTIONS RELATIVE TO THE IMMIGRATION OF THE DEFECTIVE CLASSES.

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FROM THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

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WHEREAS, By a comparison of the statistics of the "Defective Classes" of our population, as shown by the eighth, ninth, and tenth census, it appears :

First, That the proportion of insane to total population in the United States is rapidly increasing, and

Second, That a prominent factor in this increase is the large defective element from among the "foreign born" who have emigrated to us since 1847 and 1848—an element which now constitutes one-eighth of our total population, but which furnishes one-third of its paupers, one-third of its criminals, and one-third of its insane, and

WHEREAS, While the cost of buildings to suitably keep, and the amount of tax to properly maintain, these classes fall wholly and heavily on the several States and Territories, they are inhibited, by national law, from enacting and enforcing effective measures to prevent or mitigate these evils, so far as they are caused by immigration, now, therefore,

*Resolved*, That the Association of Medical Superintendents of American Institutions for the Insane respectfully urges the Congress of the United States to give early and earnest attention to this important subject, to the end that emigration laws may be enacted by it, which, while they do not unreasonably obstruct the immigration of healthy and self-dependent persons, will effectively prevent the emigration and the exportation to our ports of the so-called defective classes of Europe and Asia.

*Resolved*, That in furtherance of this object a copy of these Resolutions and Preamble be forwarded by the President and Secretary of this Association to the President of the United States, and to the President of the Senate, and Speaker of the House of Representatives at Wash-



ington, for consideration by them and by Congress; also to the Governor and the presiding officers of the Legislature of each State of the Union, that they, and the people they severally represent, who are most effected by the pecuniary burdens and by the vital and moral evils caused by an unrestricted and unregulated immigration, may be moved to take such action as they deem best to secure early and efficient action by Congress (with whom alone is the power) to abate the great and growing evils to which public attention is hereby called.

*Resolved*, That a copy of these Resolutions and Preamble be also sent to the Secretary of each medical society in the several States, with the request that the medical profession generally unite with us in the attempt to obtain the required remedy for these great evils.

PLINY EARLE, M. D., *President*.

JOHN CURWEN, M. D., *Secretary*.

#### AMERICAN PUBLIC HEALTH ASSOCIATION.

THE thirteenth annual meeting of the American Public Health Association will be held at Washington, D. C., December 8-11, 1885.

The executive committee have selected the following topics for consideration at said meeting:

*I. The best form in which the Results of Registration of Diseases and Deaths can be given to the public, in weekly, monthly, and annual reports.*

*II. The proper Organization of Health Boards and Local Sanitary Service.*

*III. Recent Sanitary Experiences in connection with the Exclusion and Suppression of Epidemic Disease.*

All persons who propose to present papers at the next annual meeting must place the same in the hands of the secretary at least three days before the commencement of the annual session, as such papers must be examined by a committee before being read. This rule will be rigidly enforced, and all authors must be governed by it. After December 1, 1885, papers must be sent to the secretary at Washington, D. C., care of Dr. Smith Townshend, chairman local committee

of arrangements. Active and associate members have equal rights in the presentation and discussion of papers. The Local Committee of Arrangements is already organized, and active work begun to make the next meeting a large and successful one.

The generous prizes offered by Mr. Henry Lomb will tend to awaken an increased interest in the great work which this association has for years been successfully prosecuting, and will add much to the already more than national reputation of its beneficent undertakings.

The co-operation of all persons interested in the public health, or in any subject allied to sanitary science, is respectfully solicited. A circular giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season before the meeting.

Mr. Henry Lomb, of Rochester, N. Y., has offered through the American Public Health Association, the sum of two thousand eight hundred dollars, to be awarded as first and second prizes for papers on the following subjects, and according to conditions mentioned elsewhere:

*IV. Healthy Homes and Foods for the Working Classes.* First prize, \$500; second prize, \$200.

Essays to be of a practical character, devoid, as far as possible, of scientific terms. They must be within the scope and understanding of all classes, and designed especially for a popular work.

*Judges*—Dr. E. M. Moore, President State Board of Health, Rochester, N. Y.; Dr. C. W. Chancellor, Secretary State Board of Health, Baltimore, Md.; Medical Director Albert L. Gihon, U. S. Navy, Washington, D. C.; Dr. J. H. Raymond, Health Commissioner, Brooklyn, N. Y.; Major Charles Smart, Surgeon U. S. A., Washington, D. C.

*V. The Sanitary Conditions and Necessities of School-Houses and School-Life.* First prize, \$500; second prize, \$200.

The object and intention of these essays is to furnish instruction to those having the care of common schools; construction of buildings, hygienic conditions, management, etc., as well as valuable knowl-

edge to teachers and parents upon matters allied to school interests.

*Judges*—Hon. Erastus Brooks, LL. D., State Board of Health, New York; Dr. H. P. Walcott, State Board of Health, Lunacy, and Charity, Cambridge, Mass.; Dr. Granville P. Conn, President State Board of Health, Concord, N. H.; Hon. John Eaton, Commissioner of Education, Washington, D. C.; Col. George E. Waring, Jr., C. E., Newport, R. I.

*VI. Disinfection and individual Prophylaxis against Infectious Diseases.* First prize, \$500; second prize, \$200.

This subject will embrace the kinds, value, and relative merits of disinfectants, as well as the methods of use. Also the means that may be employed by the individual to avoid contagious and infectious diseases.

*Judges*—Dr. S. H. Durgin, Health Officer, Boston, Mass.; Dr. J. E. Reeves, Secretary State Board of Health, Wheeling, W. Va.; Dr. Gustavus Devron, President Auxiliary Sanitary Association, New Orleans, La.; Prof. Richard McSherry, M. D., Baltimore, Md.; Prof. James L. Cabell, LL. D., University of Virginia, Va.

*VII. The Preventable Causes of disease, injury, and death in American manufacturing and workshops, and the best Means and Appliances for Preventing and Avoiding them.* First prize, \$500; second prize \$200.

Under this head, the conditions and necessities of the American mechanic are to be especially considered, and the thorough consideration of a class will be regarded of more value by the judges than a superficial review of the whole field. Original investigations will weigh much in awarding the prizes, while compilations from the existing literature or foreign statistics will not find favor with the judges.

*Judges*—Dr. E. M. Hunt, Secretary State Board of Health, Trenton, N. J.; Dr. A. N. Bell, Editor *Sanitarian*, New York City; Major George M. Sternberg, Surgeon U. S. A., Baltimore, Md.; Major John S. Billings, LL. D., U. S. A., Washington, D. C.; Mr. W. P. Dunwoody, Secretary National Board of Health, Washington, D. C.

*Conditions:* All essays written for the above prizes must be in the hands of the Secretary, Dr. Irving A. Watson, Concord, N. H., on or before October 15, 1885. Each essay must bear a motto, and have accompanying it a securely sealed envelope containing the author's name and address, with the same motto upon the outside of the envelope. A caligraphic copy of each essay will be made by the secretary and placed in the hands of the judges, so that they will be totally ignorant as to the author.

After the prize essays have been determined upon, the envelopes bearing the mottoes corresponding to the prize essays will be opened, and the awards made to the persons whose names are found within them. The remaining envelopes unless the corresponding essays are reclaimed by authors or their representatives within thirty days after publication of the awards, will be destroyed unopened by the secretary.

The judges have been selected by the American Public Health Association, the Conference of State Boards of Health, and the National Board of Health, and are empowered to reject all papers if in their opinion none are worthy of a prize. The essays awarded the prizes are to become the property of the American Public Health Association.

None of the judges will be allowed to compete for a prize on the subject upon which they are to pass judgment.

The judges will announce the awards in the second week of December, 1885, at the annual meeting of the American Public Health Association.

It is intended that the above essays shall be essentially American in their character and application, and this will be considered by the judges as an especial merit.

Competition is open to authors of any nationality, but all the papers must be in the English language.

It is expected that arrangements can be made to have these essays widely distributed to the public, and to the persons mostly interested in the respective subjects in the United States. The American Public Health Association earnestly



appeals to those able to compete to take part in this work, which it is believed will do so much to augment the health, comfort, and happiness of the people.

## CORRESPONDENCE.

### REAL VS. IDEAL PRACTICE.

IOWA is the illiterate physician's paradise, no requirement being made for the practice of medicine. If a man or woman has the gift of gab, lots of cheek, especially if he or she can dress well and make a good appearance, they will succeed in making a practice. The less education he has the better. Little or no moral character is required, either. This is the status of the medical profession in Iowa. Now look at pharmacy, which is the nearest ally to medicine. In order to practice pharmacy one must have a commission based on a graduation from a school which requires four years practical study and two courses of lectures; or, an examination before the State Board (to be sure the latter is something of a farce).

There was a writer in this journal a short time ago who said that the first question asked was "Where did you graduate?" He evidently did not live in Iowa. If he had he would have known that that is seldom or never asked. It is "Where did you come from?" and the general discussion of him is "Have you seen the new Doctor?" "How do you like him?" etc., but never a word about his qualifications, but he must not dare to express an opinion till he knows which party is strongest and not always then. But enough of this sort of thing. Every reader of this journal knows that the majority of physicians in Iowa could not practice at all in the Eastern or Southern States. My ideal of a practitioner would be one who had spent at least four years in medical study after thorough preparation in English and scientific studies. He should be a leader in morals and education. He should be genial in manner and courteous to his professional brethren as well as the general public. (The real physician is, too often, a pirate, with no real courtesy.)

In order that this ideal shall ever be

possible a radical change must take place in medical schools and in medical legislation.

Medical legislation has been written about and exists in many states, but all laws existing or proposed lack true equity and self-enforcement. The law that seems to me to offer the best solution to the problem of elevating medical education is this, in outline: A commission should be formed from representative men of all schools to act as examiners. All graduates of accredited medical schools and all physicians who have been in reputable practice for fifteen years shall be entitled to certificates. All others must pass a rigid examination. These certificates shall be of force for five years only. The holder shall then present himself for a practical re-examination and receive a new certificate for another five years, and so on every five years. After the first year no college shall be recognized which does not require *and enforce* an examination in advanced English studies of all matriculants and four years study, including three terms of recitations and lectures, in order to graduate. Said terms to be nine months and graded, so that juniors and seniors will not hear the same lectures, as is the case under the present system.

A further proviso shall be that any physician who shall be convicted of the habitual or excessive use of liquors or of any kind or of narcotics shall be deprived of his certificate and a new one shall not be issued till proof is given of perfect sobriety for the period of one year. In addition he shall pass examination as if his certificate had expired in regular course.

Any person practicing without a certificate, or on one which has expired, shall not be entitled to payment for services, and in addition he shall be liable to a fine of \$25 per day for every day of such practice.

Also it would be well and just to make fair fees legal and make them payable without exemption, either by the person or county.

Some of the Iowa doctors may object. I hope they will. This subject will be benefitted by discussion. I am ready to defend my position.

EQUITY.

## A MEDICAL LAW.

EDITOR REPORTER—I have carefully perused your editorial concerning the question of a medical law in this State, and take the liberty through the columns of THE REPORTER to express my views upon the subject.

Much valuable time has been consumed by the law makers of the different states in enacting laws by which they hoped to place the practice of medicine on a more perfect basis and suppress quackery, one of the greatest impositions upon suffering humanity.

In several states these laws, when put to the test, were declared by the judiciary not only incompetent but unconstitutional. In other states instead of suppressing quackery they have only protected it.

Quacks who have quacked in a State for five or ten years are made legal quacks while those who desire to "quack" in the future are compelled to pass an examination before "the board" or obtain a diploma from a "recognized medical college." Now this is unfair and exhibits a marked degree of partiality between the quacks.

I am decidedly in favor of a medical law in our State. I want that law sufficient in itself to raise the standard of medical education in Iowa. If we have a law let it apply to every person practicing within the limits of the State at the time of the passage of such law as well as to those who may desire to practice in the future.

I want to see a law placed upon the statute books compelling every person desiring to practice medicine in any or all of its branches in this State to pass a thorough examination before a board of medical examiners appointed by the Governor of the State; this board to consist of members from among the "regular," eclectic, and homeopathic physicians engaged in actual practice and in good standing. I would have that examination in the main written, but would not exclude oral examinations in part, and it should be sufficiently rigid to test the qualifications of the person engaged in, or desiring to, practice within the State. I would preserve the examination papers

of every applicant, together with a copy of the questions submitted, and thus be able to confute any charges that might be made against the board,

New York, the great medical center of this country, has been enacting laws at every session of its legislature for the purpose of "*regulating*" the practice of medicine and surgery within its limits, and yet quackery moves along in that State almost undisturbed, as it does in other states with similar laws. They find their laws to "regulate" have failed to accomplish the desired end, and to-day are discussing the question of having an "examining board."

I would object to admitting men to practice simply upon the presentation of a diploma, for the reason that at one time in the history of this country diplomas could be purchased for a paltry sum, and it is a fact that many persons in this western country have been admitted to the practice of medicine who hold only a diploma from some of the "cheap John" institutions at one time numerous in our country and which have only recently raised their standard rather than lose their heads.

A diploma is supposed to represent a standard of qualification, but it is a fact that nearly one-half of the diplomas in this country issued by medical institutions are not worth the price of the parchment upon which they are printed so far as being a certificate of qualification to the possessor.

I am in favor of a *thorough* medical education, obtained in any manner possible or at any institution where such knowledge may be procured. I am not willing to admit within the walls of the profession, as competent practitioners, men who have nothing better to recommend them than the mere fact that they have been engaged in the practice of medicine for five or ten years. Some men may "*dabble*" in medicine for half a century and then know but little of the real science of medicine.

I am opposed to the admission of women to the practice of obstetrics who possess nothing more than a "picked-up" knowledge of that particular science, for I realize the fact that even the most sim-



ple and uncomplicated case of labor requires the application of skill.

The physician whose diploma alone admits him to practice has a life lease upon humanity without modification. He can read, or study, or let it alone as he chooses; he has no use for medical journals and buys few books. He labors for the purpose of increasing his finances and consequently adds but little to his small store of knowledge. He has become dead to the fact that when he received his diploma he was only at the commencement of a great work.

The man who is compelled to pass an examination every five years is a constant student; his library consists of the latest researches and is a model of neatness; he is not only a reader but a thinker also; upon his tables may be seen some of the leading medical journals published in this and foreign countries; and when he goes to his examinations, comes up fresh from the field of his labor ready to stand or fall at the feet of that justice which the world demands.

Such men never fail, but are always found with their shoulder to the wheels of progress, moving onward and upward to that eternal fame known only to those whose names are yet fresh in the memory of the people.

I want to see every man stand upon his own merits. I want to meet men who read and think for themselves and whose life, knowledge, and labors stand out like the blazing stars which light up the blue canopy of heaven as evidence to the world of their ability, goodness and greatness.

I say by all means let us have a law to establish "*a Board of Medical Examiners*." Let us have a law that will sink deep into the heart of the profession in Iowa, rooting out all those incompetent and unfit to practice the science of medicine and surgery in any of their branches in this State, for human life is too precious to be tampered with.

I want to see a general overhauling of the profession in this and every other State. The standard of medical education cannot be placed too high. I want to see men of greatest merit placed in the front.

In conclusion let me say that these thoughts have not been prompted by any special policy, and while I always respect the *honest* opinion of others, yet I speak candidly what I believe to be the fact, actuated only by sacred obligation.

I want to see the medical fraternity meet in harmony and discuss the best manner possible to solve the great problem of Life, Disease, and Death.

J. E. HAINLINE, M. D.

## GRADUATION.

### THE MEDICAL DEPARTMENT OF THE STATE UNIVERSITY OF IOWA.

THE fifteenth annual commencement of the Medical Department, Iowa State University, was held at Iowa City, Wednesday evening, March 4, 1885.

On Monday and Tuesday preceding, the candidates for graduation were publicly examined before and by the following committee: Drs. Bosbyshell, Glenwood; McLeon, Fayette; Robinson, Dublin; McVeagh, Lake City; Cleaves, Davenport; Hurst, Oskaloosa.

The valedictory on the part of the class was given by John W. Koehn, of Davenport.

The degree of Doctor of Medicine was conferred by President J. L. Pichard upon a class of forty-three ladies and gentlemen.

Dr. Geo. W. Staples, of Dubuque, gave the address for the faculty. This address, replete with earnest advice to the young practitioner, sparkling with humorous reminiscences of the celebrated of the healing art, was enjoyed not only by those of the medical profession, but by an audience of citizens unusually large, even for the attraction of commencement exercises. The names of the graduating class appear below:

W. Abegg; D. D. Barr; Miss R. M. Bigler; W. C. Bills; J. W. Blythin; G. Brasch; F. L. Breed; E. E. Burwell; W. D. Campbell; Mrs. M. B. Clark; F. F. Clifford; J. W. Drew; E. A. Doty; E. W. Downs; A. Edwards; F. G. Emerson; D. W. Farnsworth; E. L.

Fitch; F. Glaspell; Miss A. G. Gray; W. Gruwell; Miss L. D. Hanley; Miss L. V. Halverson; Miss L. B. House; D. W. Jones; E. E. Kirkendall; J. W. Koehn; W. A. Marner; C. A. McCorkle; M. J. Murphy; W. S. Parks; J. M. Parker; J. A. Pinney; W. J. Philips; J. K. Root; C. J. Saunders; F. H. Smiley; S. J. Smith; P. F. Straub; F. C. Suiter; H. H. Sutherland; B. F. Trueblood; F. E. Vest.

### IOWA COLLEGE OF PHYSICIANS AND SURGEONS.

THE Third Annual Commencement of the Iowa College of Physicians and Surgeons was held in the English Lutheran Church, Des Moines, March 5, 1885.

There was a good attendance, representing many of Des Moines' most intelligent people. Quite a number of the medical profession from abroad were in attendance, besides those present from the city.

Rev. G. C. Henry opened the exercises with prayer, after which the dean of the faculty, Dr. J. A. Blanchard, delivered an address, in which he reviewed the history of medical education, progress, and literature, and noted the advance and progress that has been, and is being, made in this country. He said: "As physicians and surgeons Americans are the peers of those of any country," and "there are now sixty-two recognized regular medical schools and numerous irregular institutions styling themselves medical colleges." Speaking of these schools he said: "If their establishment is prompted by a spirit of emulation and a desire to do good and faithful work, they may be of good service in elevating the standard of medical education and send out men well founded in the science and art of medicine and surgery, who will do efficient service in relieving individual suffering and protecting the public against the ravages of disease and pestilence, by helping to secure proper sanitary regulations and aiding in the enforcement of health laws within the limits of their influence." After this he gave the following brief history of the Iowa College of Physicians and Surgeons:

"We organized under the laws of Iowa, in April, 1882, procured and fitted up rooms with proper appliances and apparatus for the prosecution of our work and entered upon our first course of lectures the following October under many discouraging circumstances. The profession generally regarded the enterprise, if not with disgust, as an experiment, and with few exceptions gave it little encouragement. Opposition and an effort to forestall its organization were not wanting, but despite every discouragement and all opposition, the first, second, and third course of lectures have been delivered and we feel that the Iowa College of Physicians and Surgeons is established upon a firm basis, and that there is no longer a question as to the propriety or success of the college. There is connected with our school the Iowa College of Pharmacy, which has for its object the education of druggists, who will carefully and with knowledge dispense such medicines as intelligent physicians may prescribe, and prevent accidents from the filling of dangerous mixtures often compounded by ignorant charlatans. This institution is already in successful operation. Both should receive the countenance and support of our city and State, and will ever seek to merit such encouragement as shall soon place them among the best and most popular institutions of the West in point of attendance and thorough instruction. I predict a successful future for the Iowa College of Physicians and Surgeons, and honorable emoluments for all connected with it, who do their work faithfully and well, and with a zeal that should ever characterize the educated physician and surgeon." In his final charge to the class he said: "Constant study of the science and practice of the art of medicine can only make you what society has a right to demand, an intelligent and successful practitioner. Our profession is a jealous one, requiring one's whole time, and will not bear mixing or diluting with any other calling or business. On behalf of the Faculty I desire to express our appreciation of your gentlemanly bearing toward us, and to commend your faithful and industrious prosecution of your



studies under our instruction. I express the sentiment of all in wishing you a future of honor and success in the practice of your chosen profession, and prosperity and happiness in your homes and social relations."

Following the address of the Dean, was the address to the graduating class by Dr. D. W. Crouse, of Waterloo, from which the following extracts are taken. [We regret that we are unable to publish the address in full.—ED.]

"The season for medical commencements and the conferring of degrees has arrived, and the secular press in the various cities are announcing the fact, sometimes in such a startling manner as to give the people apprehension, a kind of warning of danger, as though another menagerie had broken loose—that the wild beasts are roaming at large; that the community must be on the alert and lie awake nights. Vigilance is the watchword. What for? Is it in order to guard their hen-roosts, to mount a double-barreled shot-gun opposite their clothes-line lest they lose their fancy linen; that their buildings are to be fired, or that you carry dynamite about your persons that may blow them to kingdom come, when they were not in a proper frame of mind to rest their cases before the court of last appeal. To figuratively interpret these startling head lines of the metropolitan press: It means that the young doctor commences after graduation to pray that the community where he offers his professional services may be afflicted with an epidemic disease, not too severe, but quite general and of long standing; that the ice may be glare where citizens travel and the falls will be numerous and slick; that railroad accidents will be frequent; that the passengers may receive numerous but not fatal injuries. In fact, that he looks with envy upon robust forms, red cheeks and supple frames, and is absolutely offended when a man walks upon two legs without limping. If any of you have been apprehensive lest these announcements would prejudice you before the public, fear not. Communities have long since learned that the young physician selects his location and settles among them without ostentation, neither her-

alded by pages of advertisement, nor attended by a body guard, or heralded by a brass band.

"It is true that the graduate has much to learn from his own experience. You have started right and have learned the elements here, and before you lies their wide and various application and extension. Each physician's experience is peculiarly his own. You will have competition in whatever field you enter. Your competitor may have forgotten much of his anatomy, and not be able to equal you in a competitive examination in other branches. He will perhaps learn the existence of some new and important drug, or some valuable operation of recent date, or the latest surgical appliance from your settlement in the community. Rest assured that he will not be slow in looking the matter up, and availing himself of this knowledge, and putting it to practical use. Be ye in like manner ready when opportunity presents to appropriate from his storehouse what will be useful to you. Toward him be affable and frank; cultivate a mutual professional feeling and your associations will be beneficial to both. Communities have learned that the young physician can sometimes teach the more experienced, as well as learn from him, and that both are bettered by this mutual contest, and that when a case is severe and the sickness seems perhaps new and strange, the interested friends recalling this aspect of our mutual relations, the old with the new, will ask the family physician to have the young doctor accompany him. The consultation will be held. The patient will probably grow better and be better for the conference. Their estimation of you and your reputation in the community will be enhanced in value. This kind of recognition to the young physician will have a greater commercial value and last much longer than a page of advertisement in the press. Instead of a paper boast, it is deeds performed.

"The press warns the public against the law-breaker, the dynamiter, the patent right swindler, the cloth peddler, and like characters, who plot against the public peace and public welfare. When you have taken into your conception what a

mighty enterprise and power the press is for good, and that its general course is so uniformly against the wrong and in favor of the right, you will be the more amazed and annoyed to find that the most unprincipled, boldest, inexcusable fiend that infests any community, viz, the traveling medical quack, should receive at any price the support of the daily and weekly press, both secular and religious. While no profession claims perfection or exemption from wrong doing, I know of no act from any other source to be compared to the wrong done the public by the aid given to the quack doctor and the quack medicine by the press. The quack! Look at him! Behold him as he is! His hair and nails are long and unkempt; his look is brazen and coarse; he is a loud talker; his conversation boisterous and unchaste; his jewelry is ostentatious and cheap; his person odoriferous and unwashed. He is the butt cut off the original sin. All the certificate of character that is given or required, except a money consideration, is his own self-praise, miraculous pretensions, and overwrought statements. He proclaims himself the seventh son of a seventh son. That the mysteries of medicine of ages gone before and ages to come are reposed in him. None too old nor so bad but he promises them relief. All the incurable diseases in miserable bodies are to be dispelled by his skill. Diseases of blood or love, of nerve or brain, sex or color, can here find relief under his Psycho-mesmeric-spiritualistic-Indian-methods. He carries certificates from many who were cured in a few days or weeks of cancer, consumption and scrofula, that were long since gathered to their fathers with these same diseases. The title pages of the newspapers is filled with such superlative nonsense and false statements, and the editorial columns call the attention of the public, with words of commendation of the author, when in most instances the editor knows that he is a fraud and a pretender, who obtains money under false pretenses, in sums that would be extortion and unreasonable even if he was to accomplish what he promises to do, and actually was what he proclaimed himself to be. When, on the other hand,

he is uneducated, a mere pretender, who has neither knowledge of medicine nor disease, one who robs the people, not only of their money, but perhaps of their health, and sometimes of their life. The press and the public should give him a wide berth, and laws of the most severe character should be brought to bear upon him until he ceased his disgraceful business, or the penitentiary holds him in its embrace.

"You who graduate to-night keep as far away from this picture as possible. Work to stamp out this odium which is thrown around the profession by such. Graduates, press onward. There is no such thing as a dangerous truth. Our profession recognizes no bounds or pathies. To accept truth wherever found is her maxim; to use all means and laws of cure that science and experience develop. Be diligent, thoughtful, sober; be physicians in the highest, broadest, and best sense, and we shall expect that some of you will earn a reputation that will be a credit to your teachers, to yourself, to the state, and to the profession everywhere."

At the close of the address Dr. J. F. Kennedy, in the absence of the president of the college, Hon. T. J. Caldwell, M. D., of Adel, conferred the degree of Doctor of Medicine on the following gentlemen: Duncan McLavish, Eagle Grove; Amos Wyatt Hoff, Des Moines; Uriah Campbell Jones, Breda; John Hudson Lyon, Moingona; Francis Moran, Adel; George A. Morrison, Seymour; Daniel Coy Morgan, Centerville.

J. H. Lyon, of Moingona, delivered the valedictory address.

At the close of the services Dr. J. T. Priestley entertained the faculty graduating class and friends at his residence. The doctor's well known reputation for hospitality was fully sustained.

TWENTY-ONE cases of dysentery in children, reported by Dr. G. L. Magruder, of Washington, were treated with fluid extract of ergot, five to twenty drops four or five times a day. Almost every case immediately responded to treatment, and was either entirely relieved or much improved.—*Va. Med. Reporter.*



## SOLDIERS' ORPHANS' HOME.

DAVENPORT, March 1, 1885.

Movement of population for February:

Present, February 1 ..... 268

Admitted during February..... 6=274

Discharged during February..... 1

Remaining February 28..... 273

Of these 127 were girls and 146 boys.

Respectfully,

S. W. PIERCE, *Supt.*

## IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, March 1, 1885.

Report for February:

	Men	Women	Total
Remaining January 31 ....	253	211	464
Admitted in February.....	21	7	28
Returned from visit.....	1	0	1
Total under care in the month.....	275	218	493
Discharged during month..	15	3	18
Daily average.....	259	214	473
Discharged, recovered.....	8	1	9
Discharged, improved.....	5	2	7
Discharged, unimproved...	2	0	2
Discharged, died.....	0	0	0
Remaining February 28 ...	260	215	475

H. A. GILMAN, *Supt.*

## IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, March 1, 1885.

Movement of population for February:

	Men	Women	Total
Remaining Jan. 31, 1884....	355	290	645
Admitted, curable cases ...	2	3	5
Admitted, incurable cases..	10	4	14
Whole number treated...	367	297	664
Discharged, recovered .....	0	2	2
Discharged, improved.....	1	1	2
Discharged, unimproved...	3	5	8
Discharged, died.....	5	3	8
Remaining February 28....	358	286	644

Yours respectfully,

GERSHOM H. HILL, *Supt.*

## IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, March 1, 1885.

Movement of population for February:

Present, February 1..... 256

Admitted during February..... 6=262

Discharged during February.... 0

Died during February..... 1

Transferred to Insane Asylum.. 0= 1

Present, March 1..... 261

F. M. POWELL, *Supt.*

## NOTICES.

VITAL STATISTICS IN TENNESSEE. By J. D. Plunkett, M. D., Nashville. Reprint, *Second Report of the State Board of Health.*

TYPHOID FEVER AND LOW WATER IN WELLS. By Henry B. Baker, M. D., Lansing. Reprint, *Annual Report of the Michigan State Board of Health, 1884.*

REPORT OF COMMITTEE ON SCHOOL HYGIENE IN TENNESSEE. By Daniel F. Wright, M. D., Clarksville. Reprint, *Second Report of the State Board of Health.*

THE PHYSIOLOGY OF DIGESTION; WITH REFERENCE TO THE TREATMENT OF ITS FUNCTIONAL DISORDERS. By M. H. Lackersteen, M. A., M. D., L. L. D., Chicago.

THE PHYSIOLOGICAL EFFECTS AND THERAPEUTICAL USES OF HYDRATIS. By Roberts Bartholomew, A. M., M. D., LL. D., Philadelphia. Reprint, *Drugs and Medicines of North America.*

SCHOOL HYGIENE IN RELATION TO ITS INFLUENCE UPON THE VISION OF CHILDREN, OR SCHOOL SANITATION. By A. W. Calhoun, M. D., Atlanta. Reprint, *Transactions of the Medical Association of Georgia.*

A SATURATED solution of hydrochlorate of cocaine in nitric acid is said to make a painless caustic—*Louisville Medical News.*

THE  
Iowa State Medical Reporter.

DES MOINES, MARCH, 1885.

EDITORIAL.

WHAT SHALL WE DO WITH OUR  
INSANE?

For several months past, through the kindness of the superintendents of the insane asylums at Independence and Mount Pleasant, the readers of the *REPORTER* have been furnished with a tabulated report of the movement of population among the insane. An examination of these reports shows that these institutions have a total charge of about eleven hundred inmates. Those who compare the present number of inmates with those of two years ago will notice a marked increase. This increase is not confined to Iowa, but it extends throughout the United States.

The treatment of this class, like that of every other class of disease, has two very evident indications. One, the therapeutical; another, the prophylactic. The State and its servants, who have charge of the insane, are doing all that can be done under the circumstances for their relief.

The attention of the profession is invited to the preventive measures in another column, through a resolution passed by the Association of Medical Superintendents of American Institutions for the Insane.

By turning to the census report for 1880, it will be seen that the increase of population, during the decade then just passed, was thirty per cent., while that of the insane, was one hundred and forty-six

per cent. If this data is reliable, the increase is certainly alarming.

A comparative examination, tracing out the race, nationality, nativity, and social condition, in order to find leading causes for this rapid increase, reveals, at once, the fact that the per cent of insane among the foreign born of this State is double that of all the others. This, of of itself, might not be very significant were it not that in each of the other states, especially the Northern states, where we find the greatest per cent. of foreign population, the same, or nearly the same, difference of per cent is found. For the reason that we have found that the per cent of insane among the foreign born is double that of the American born, it is first in order, should we look for preventive measures in treating the subject of insanity, that we examine the quality of our foreign born citizens.

Those members of our profession, in this State, who have given the subject any serious thought will at once recognize the fact that a large per cent of our foreign born come from the defective classes of European population. Their social condition, surroundings and life are they such that predispose them to insanity, wholly independent of hereditary tendencies. To correct this, is a gigantic undertaking, and one, that needs concerted action. Any effort to prohibit immigration of able bodied men is looked upon, unless it be for contract labor, as a commercial loss to the country and community.

This matter will probably be presented to the State Medical Society at its next meeting, where it will undoubtedly receive the consideration it deserves.

The restrictions of immigration from the indigent classes of Europe has, to a limited degree, been exercised; but, on account of their criminal proclivities.



Would it not be well, and is it not necessary, to add to this, their predisposition to insanity.

The REPORTER hopes to be able, in a short time, to present to its readers a communication on this subject from one who has made the matter a special study.

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### A MEDICO-LEGAL SOCIETY.

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AMONG the societies and associations of the state, representing the several recognized professions, attempts to obtain mutual advantages to these societies or their individual members, through relations of like with like societies of the several professions, have not been made with any degree of success. The difficulties, recognizable at a glance, are the radical differences in their ideas and in their objects; neither is willing to sacrifice their prejudices sufficiently to amalgamate their ideas with those of others. The recognition referred to, of those societies, pertains not to the recognition of individual societies of the same profession, but to individual societies of different professions. In some of the states, as in New York, the legal and medical profession have united and formed a common society, under the significant name, "Medico-Legal." The productions and the works of this society have accomplished more than all the work of strictly professional societies to harmonize, extend, and mutually improve the common relations of both. From this, the question then arises, is there a place for, and a benefit to be derived from, such an organization in this state? If so, the material is here; the effort only is lacking to bring it about. To the writer, the opportunities for mutual advantages to be gained, looking at the

question from any one of its several aspects, are very great—too numerous and complex for any minute explanation at this time. As examples, however, we may refer to the common experiences derived from a contact between court and medicine; to the lack of consideration, on the part of either, for the position, rights, and uncertainties of the other; to the relations of the two in determining the responsibility of the insane, and in the prosecution and defense of criminals; of statutory relations; to the common laws, for regulating the practice and determining the rights of either; etc.

The mode, the requirements for membership, the objects, the ones to take the initiatory steps, in order that the undertaking may prove successful, and the limitation, should be carefully considered before creating an organization. As a purely local organization, its influence could not become sufficient to realize its capabilities. A large and unwieldy society, composed, as it must be, of a few interested, and many disinterested, members, would be short lived. The relations of railroad surgeons to the legal fraternity should make men engaged in this branch of the profession highly desirable members. Those, connected with the public institutions for the insane, would add greatly. A few, from these classes, aided by a few from those who are interested and willing to give time and attention, would form a strong and supporting nucleus, guaranteeing success, were they to join in this undertaking. There are like representative elements among the legal fraternity that could be induced to join this movement, and form a combination that would meet the expectation of all. The agitation of this question may be a little premature for the conditions, but it is not for the demands of our common interests.

## EDITORIAL NOTES.

IN the past, the proofs of communications from contributors for publication, have been returned to the contributor for the final correction, and they have been published as returned. Hereafter, we shall extend the same courtesy, in order that contributors may have a chance to correct any errors in reading the manuscript that might change the meaning, etc., but the editorial staff will reserve the right to make the final corrections. The only exceptions will be contributions received as correspondence and published as such; and, with these, the staff will use its discretion.

\* \* \*

WE have received a large number of communications in answer to our editorial, of our last issue, only a few of which were sent for publication; two of these we publish in this number just as received by us from the writers.

We still extend our invitation to all who are interested in this matter.

\* \* \*

THE season for the annual medical college commencement is past. The average attendance throughout the country during the late session, and also the number of new graduates, was below that of former years. It is not because the loss in numbers lessens the competition; but, because this pruning is largely due to a loss of those students and graduates, who come forward annually with a hard struggle to reach their goal (a license to practice), because the hard times, and the gradual elevation of the requirements for admission and graduation, has made it too difficult, that we unite with the schools and the profession in mutual congratulations. It is an undoubted fact that many of the men who have thus been cut off, or should be cut off, have more native talent than many who are better provided with means and preliminary qualifications. Talent or ability cannot be substituted

for knowledge. The profession should be relieved from those young men who begin their professional career without full preparation, whether the cause be negligence, or a lack of financial resources, to obtain the liberal training that is needed to fit them for their work. Such young men should always be discouraged from attempting medicine, as they will prove a discredit to the profession; and, if they have ability and ambition, they would do better in other fields. The graduates of the recent commencements of the schools of the state have received their share of this pruning; and, therefore, we are able to say, with just pride, that the average degree of training is better than that of the past. THE REPORTER earnestly hopes that this increase will be permanent. All institutions of learning, in order to accomplish this, should make the question of financial success one of secondary consideration.

## THE PREPARATION OF LIEBIG'S FOOD.

From an article by Dr. E. T. Williams in the *Boston Medical and Surgical Journal*, of November 13, page 460:

"The earliest announcement of Liebig's method of preparing infant's food was received with the warmest enthusiasm by the profession and the public. The idea of using malt as an artificial digestive for starch was certainly a brilliant one, and seemed to promise an infallible cure for every form of starchy dyspepsia, both in children and adults. The notion of a manufactured Liebig's food prepared to hand and ready for use was a natural conception and has much in its favor. This does away with the trouble of cooking, and secures a perfectly uniform product. One of Liebig's sons, with the 'help and approval' of his father, as he states, is or was concerned in the manufacture of such an article under the name of an extract of Liebig's food. Similar preparations have been sold in England and America. They are made or should be made by digesting malt and water in the form of a 'mash,' as brewers do, till the starch changes to glucose, and then evaporating to dryness in a vacuum. They are nothing more than Liebig's food ready made and evaporated down for convenience of keeping and dispensing. The popular Mellin's and Horlick's foods are articles of this sort. They consist mainly of grape sugar with the nitrogenous and mineral elements of grain. A half pound bottle of Mellin's food costs seventy-five cents; a one pound can of Horlick's food sells for the same price. They are good foods and suit children extremely well.

"Liebig recommends the food as a nutritious drink for adults as well as children. Its suitability for invalids and convalescents, for nursing mothers, and starchy dyspeptics, goes without saying. Liebig recommends it in coffee in the place of cream. I have found it very good in chocolate. With coffee especially, in the style of *café au lait*, I have found it a capital breakfast drink. I think that both coffee and chocolate *a la Liebig*, if they could be made fashionable, would make a most useful addition to our dietary."



—THE—

# IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, APRIL, 1885.

No. 8.

## ORIGINAL ARTICLES.

### MEDICAL LEGISLATION.

BY THE PROFESSION OF IOWA—EXTRACTS FROM CORRESPONDENCE.

IN answer to the question, Are you in favor of a law regulating the practice of medicine? the following are from the replies, being received daily, taken without any special attempt at selection:

"I am in favor of a state law."

"I am in favor of a law."

"I am in favor of a state law."

"I am in favor," etc.

"Yes! I hope you will have success."

"I would favor one."

"I am certainly in favor."

"I am in favor," etc.

"Yes. Provided a wise one can be framed and adopted by our legislature."

"I am in favor of a judicious state law."

"I am in favor of a law."

"Yes. Anything is better than nothing."

"Yes."

"Yes, if the people demand it; otherwise, no."

"I am strongly and heartily in favor," etc.

"I am heartily in favor."

"I have had no experience."

"I am in favor of such a law."

"I am much in favor," etc.

"Yes."

"Am very much in favor."

"I am not decidedly in favor," etc.

"I am of the opinion that it would be very difficult to frame a law that would do justice to all parties."

"Yes."

"Most emphatically, yes."

"When the people of the state ask for a law I shall favor it."

"I am most heartily in favor."

"I am in favor," etc.

"I am decidedly in favor," etc.

"I am in favor," etc.

"I am."

"I am in favor of a stringent law."

"Yes."

"Yes. Doubly so," etc.

"I am decidedly in favor," etc.

"I will say emphatically, I am in favor."

"I am in favor," etc.

"I am."

"I am in favor."

"I am now in favor."

"I am not opposed."

"I am very decidedly in favor," etc.

"I am in favor," etc.

"I am in favor," etc.

"Yes; I am in favor," etc.

"Yes; I am in favor," etc.

"*I am not in favor of it.*"

"Yes; a strict law."

"I am decidedly in favor."

"I am in favor," etc.

"I unhesitatingly answer yes with a big Y."

"I am in favor," etc.

"I am in favor," etc.

"I am in favor," etc.

"I am in favor," etc.

"Yes; I am in favor," etc.

"*Yes and No.*"

"My experience in the practice of medicine assures me that for the good of the profession, as well as the good of the people, a law regulating the practice of medicine is required."

"If the professions, either of them, wish to protect themselves they had better work for a law that will kill half of their colleges and close up the remainder for several years. They do the profession vastly more harm than do the quacks."

In answer to the question, From your experience and judgment, what provisions would you embody in such a law? the following extracts are selected without attempting to show favor to any one set of ideas, but to show a fair average of the correspondence:

"Illinois has now a law that, with some amendments, could be made to suit us. Our state has too many so-called medical schools. One good one would be preferable. Almost any one, it now seems, can secure a diploma as M. D. from some of our so-called medical colleges. Their professors perhaps could not pass an examination in a respectable college."

"Such a law should prohibit non-graduates from the practice, unless it be an under-graduate practicing under the supervision of his preceptor. It should inflict severe punishment on advertising quacks. The worth of one's diploma to be determined by a committee of ten, appointed every three years by the president of the State Medical Society. Said committee also to have the right to debar any one from the practice for gross immoral or unprofessional conduct; also to analyze and expose patent medicine frauds."

"I am of the opinion that it would be very difficult to frame a law that would do justice to all parties. For instance, we have a great many physicians of good practical ability who could not stand a good examination. In comparison, I would say that I think the pharmacy law is, in a certain sense, an imposition."

"I liked the bills that were before our last legislature very well. I think that we should have a law to stop so much quackery, and unscrupulous persons from practicing medicine; and I sometimes think that I would like a *law* to prevent

any one from practising medicine who was not a regular graduate of some good school."

"Such a law, in my opinion, should prohibit from practicing all those who have failed to obtain the degree of doctor of medicine from some respectable institution; or those who have spent a certain number of years in active practice."

"I am in favor of a state law regulating the practice of medicine. I would have a *law* that every man (or woman) practicing medicine should be a graduate of some reliable medical college, acknowledged as such by the American Medical Association."

"I would be in favor of permitting all graduates of accredited medical colleges of the different schools to continue the practice unless charges were preferred against them; in that case to pass an examination before a state board of medical examiners appointed by the governor. All under-graduates to pass an examination by a state or county board appointed by the governor. I think it is wrong to allow any term of years of practice to take the place of this examination."

"I would embody in such a law the provision that no one would be permitted to practice in the state unless they were graduates from some reputable school of medicine, from the enactment of said law; and that those who were practicing at the time of the passage of said law, without the degree of graduation from a reputable school of medicine, should be required to pass an examination before a board appointed by the governor and approved by the senate."

"I would have embodied in such law, that every county should have a society, which should meet regularly every quarter, having a board of censors, who should examine fully as to every one presenting themselves, and that only he who passed a satisfactory examination before said board should be allowed to practice in said county; and a thorough re-examination necessary every five years."

"I would have every person practicing medicine in Iowa a graduate of some *respectable* medical college. No matter what kind of manner he practiced, whether in infinitesimal doses, or eclectic,



with his *biled* roots and herbs, and in quart doses; a medical board to enforce the law, and any one practicing under a bogus diploma *a dose of two years* in the penitentiary should be his reward, etc. But I am not in favor of making the practitioner of medicine one who belongs to the wealthy and learned class exclusively. Sound brains and a good constitution are better qualifications than all the *hifalutin learning* outside of the medical profession. A fair English education, three years of study, and three courses of lectures ought to qualify any man of *good sound brains* to practice medicine. Don't discard or discourage the young man because he is poor, and is not a classical college graduate. In the practice of medicine it is the hard working man of humble circumstances (in the beginning) that is bound to succeed. It is so in all the affairs of life as well as medicine."

"I would require all persons entering the profession to be graduates of some regularly and legally incorporated school of medicine. I would require all persons coming into our state for the purpose of practicing medicine to be graduates, as above stated, and that they should present their credentials to the State Board of Health (or a board organized for that purpose), for verification. Just what to do with those already engaged in the practice in the state who are not graduates I am at a loss to know. I think if we would allow them to remain undisturbed we could get a better law enacted than we can if we attempt to interfere with them. I would require them to register immediately after the enactment of the law with the county clerk, in the county in which they reside, and in case of their removal to another county, require them to get a certificate of their registration from the clerk, with his seal attached, of the county from which they remove."

"I would embody in such a law a provision requiring every person pretending to practice medicine and surgery to be a graduate of some one of the schools in this country recognized by the College Association of America, or of some for-

eign school known to be reputable; or, if not a graduate of any school, to be examined by a competent board of examiners, whose certificate alone shall entitle the party to practice. I would make the penalty sufficiently severe to deter quacks and charlatans from engaging in the business. In a letter of this kind I could not take time to embody everything I would have in a law regulating the practice of medicine. The Illinois law is a good one, only I think it embodies too much. A law should never be made with provisions which it would not be possible to enforce. When there are such it weakens the whole, and destroys its aims and objects."

"I would state that it has always been my desire to have the practitioners of medicine placed under such stringent regulations as would stimulate them to keep pace with the general advancement of the profession. Whether it would be policy to enact such a law, at the present time, or not, is a question that should be seriously considered, as by such a law a commission or board of examiners would be necessary to examine every physician in the state at intervals of from three to five years. In my opinion, we would be taking a step too far to expect the enactment of such a law at present. It would be safer for us to first secure a prohibitory law, one preventing others than those physicians holding valid diplomas from practicing medicine. Then, in the course of a few years, try and secure a law more stringent. That we need a law regulating the practice of medicine every respectable physician will admit; while some, who have been practicing many years without a diploma (from fear of exposure), will fight it bitterly, and there are many of these physicians whose political influence will prove hurtful to us. We cannot be too guarded in our first steps."

"I am in favor of the most rigid laws in every particular. Only a diploma from a college of good repute, or a certificate from a medical board, ought to suffice. I don't believe in practice and no theory. There are hundreds of men and women that are doping the people of

this state that ought to be put in the school for feeble-minded children, much less to practice medicine. I don't think that I could do justice to this cause without tiring you with too long a letter. I think the law ought to be enforced by the township trustees of each township, and that the registration law ought to be changed; that the relatives ought to report to the township clerk; and the fine be assessed to the relatives for not reporting to the clerk of the township, and the clerk to the county clerk quarterly. I believe in a law of registration, but it is too burdensome on the practitioner to report them, as many do not name their children before one year, so it leaves the doctor reliable for their carelessness."

"Have a state examining board for the examination of all practitioners that have not the requisite credentials from a leading or well regulated medical college. I do not know but every one should pass this board of examiners before allowing a certificate, whether they have a diploma or not from a college; and when a violation of the law is found it should be proceeded with as any other violation of law, information filed and case tried before any court of justice, and not coming before the board of examiners for hearing at all, as it does in the Missouri law."

"As to the most advisable provisions, there is much room for honest difference of opinion. Personally, I am in favor of a rigid one, if we have any at all. For instance, I am in favor of allowing no one to practice unless a graduate from some good school, of whatever "ism" it may be. Further, I would be in favor of its being yet more rigid, in that the state board would have power to refuse *any one's* credentials, and make them submit to an examination, written, oral, and practical, by clinical test. Again, I would be in favor of creating a government board of examiners, whose duty it would be to examine all applicants for graduation from any school, and the faculty of said school to not have power to graduate any student. We would in that way get rid of a great many "snide" schools, and the consequence would be that we would get a better class of men as medical students. Iowa is full of

quacks of the worst kind, and many of them holding diplomas from some school. It is a mystery to me why the average legislator can see the importance of having a pharmacy law, and yet cannot see the importance of having rigid regulations in reference to physicians—the fountain head of dispensing."

"As to what and all such a law should embody I am not, at present, prepared to say; but the leading and most important feature should be a demand for a thorough competency in those who practice medicine and surgery in the state of Iowa. When the public becomes convinced that 'physician' is a term or title implying more than pill-peddler, our profession will command more confidence and respect than it now does. As it now is, a large portion of what is usually called successful physicians are those possessed of that trait which I denominate low cunning instead of medical knowledge."("I refer to financial success.")

"My opinion is that a law should be enacted requiring a strict examination, and that it should include the actual practice and treatment of cases. Not because a man proposes to cure by rubbing and powwowing over the patient, he should be licensed to humbug the community, for in that case it would be making matters worse instead of better. I believe that the examination should include present practitioners as well as those not yet started in the practice, for if it is good to have such a law, it is as good for the old practitioner as for the new. And, if they have been long established in practice, they should be the more able to bear the necessary examination; and if they have always been humbugs, so much the worse. The legislature at the last session waked up to the fact that the profession of *law* was getting overstocked with members who were a disgrace to the bar, and passed a law making it much more difficult to obtain a license to practice at the bar than it had been heretofore. They could not make it apply to those already in the practice, who had been admitted on an examination, poor though they might be, without regularly disbarring those who had once passed a lawful examination. There has



been no such admission to the practice of medicine, with the exception of the graduates of the medical college at Keokuk, which by law has always had a provision in its favor since 1850, or thereabouts, although in practice it has not been of a penny's value to its alumni (the law I mean). I think that in view of the law under which that college has been acting, and the fact that any other course would seem to encroach upon *vested rights*, that graduates of that college should be admitted to practice by merely registering their diplomas in the county where they intend to reside. I believe there should be a committee or board of intelligent physicians appointed for the purpose of examining applicants for the practice of medicine, who should be paid a salary, and should be allowed no fees for examining, so as to leave no inducements for them to pass a man without his being properly qualified. I know such things are liable to abuse and favoritism, but what is not? and I think it is no more likely to be the case with doctors than lawyers and schoolmasters."

"Am in favor of such a law providing for a state board of examiners of careful, competent men; broad, progressive men, whose duty it shall be to pass upon the qualifications of all candidates for graduation from our schools in the state, and whose authority must be had by all persons now doing business in the state in the profession. The colleges in the state should require an examination for admission in the English branches at least. The law should not discriminate against any school of learned medicine, but should insist upon efficiency in each member of the profession representing the different schools."

"In my opinion the first provision embodied in such a law should be a *thorough education*, and this regardless of age and length of time in practice, for it is a fact we have here, in Butler county, men who have practiced for fifteen and twenty years who are *boors in literature* and ignorant of the first principles of medicine. A law embodying a ten-year clause, or any year clause, would be only an imposition upon the educated medical man. The best way of obtaining such a law I

am unable to frame, without it be that all persons of whatever mode of practice shall be required to procure a diploma from some recognized institution of medicine before allowed to perform their powers. The plan embodied in the laws of some of our states, obliging the graduate of medicine to join hands with the ignorant ten-year practitioner, because an examining board appointed by some incompetent person or persons, to simply fulfil the letter of a law, is simply abominable in whatever profession practiced. This board as a rule is made up of disinterested persons; and many times not competent to perform the duties."

"Should the legislature see fit to pass such a law, I think that they should look well to what they are doing, lest they make it not much if any better than it now is. We are overrun with quackery in all its forms, and there are many who can show a parchment authorizing them to practice medicine that are very far from being *qualified*. In the next place, I think that the demand should come from the people, and not from the profession. I ask no legislature to protect me, neither does any well informed and qualified physician; and if there are any who need protection, that, of itself, is strong evidence that they do not deserve it."

"Persons who have not been fifteen years in active practice (who are not graduates) in the same locality should be by law prohibited from further practice. Persons entering upon the practice of medicine and surgery should only be permitted to do so when holding a diploma from some reputable medical college. Medical colleges should be compelled to require that all students must, prior to matriculation, possess at least a common English education. Medical colleges should be prohibited from graduating persons who have not spent at least three years in medical college courses and continued study. Medical colleges should not be chartered or considered reputable when located in cities of less than a hundred thousand population. This would afford ample clinical opportunities, a feature that many of the inland colleges (medical) lack. It should no longer be

considered derogatory to the dignity of the profession for a medical man to give on his professional card the name of his 'Alma Mater;' by this several ends could be accomplished. First, it would give the public a ready means of detecting and judging of the probable advantages and training which the physician may have had. Second, if this were made customary, all persons who have any ambition to excel in their profession would naturally desire to append to their professional card the name of one of the best medical colleges in the country. This plan, if carried out, and it is entirely in the hands of the profession, will do more toward clearing out inferior medical colleges, and poorly qualified doctors, than anything I know of or can now think of."

"Draft of bill for regulating the practice of medicine in the state of Iowa: 'Every medical practitioner in the state of Iowa, by the first of January, 1886, must register himself at the office of the county clerk of the county in which he resides, at same time present his diploma, or, if lost by fire or any other accident, a certificate from some one of the professors of the college where and when he graduated, or a certificate from the president or recorder of the district medical society of which he is a member, who had an opportunity to see it when he joined the society, and can thereby testify to him being a graduate of a regular recognized college of the United States, Canada, the United Kingdom of Great Britain, or other European medical college, or he will be disqualified from holding any medical office, or from granting any medical certificate, or in fact from doing any act or exercising any privilege in the way of his profession. It will also be an offence, subject to a penalty of not less than \$—, for any one to call himself a physician, surgeon, doctor of medicine, obstetrician, general practitioner, or apothecary, unless he be registered under the act.'"

"Have a state board of three or five members; have all applicants present diplomas from some good recognized medical college; permits to be granted to all physicians now, or when law takes effect, practicing in the state, after having filed

sworn affidavits and proof of ten years of continuous active practice; heavy penalties for non-compliance—\$500 to \$1,000."

"I am in favor of compelling every physician to pass an examination before a non-teaching board, appointed by the different state societies (subject to the approval of the governor), and would make no reservation on account of degrees having been conferred, or length of time of practice. I believe *proficiency* is the only pass word that should admit the physician to our state as a field of labor. I think no competent physician will object to passing an examination before an impartial board, no matter how many years he has practiced, or how many diplomas he may hold, and but few will object to the slight expense incurred thereby. I am glad that you have raised this subject, and should like to hear an expression of medical men of the State through the REPORTER."

"In my judgment the simple qualifications usually given by our colleges do not cover the ground in all cases; or, in other words, the possession of a diploma is not a sufficient guarantee of the possession of all those qualities. We would like to see and know what is embodied in the individual to whom *we* would be willing to trust the lives of those near and dear to *us*. In this day of general intelligence among the masses of the people, it is possible and even probable, in my mind, that more of the invalid world is imposed upon by men who have diplomas than those who do not. In a practice of some twenty-one years I have come in contact with a great many medical men, both graduates and under-graduates, and it would be difficult to say in which class I have seen the most disreputable practice. It is true that every practitioner should be a graduate of some reputable institution, and no one should be allowed to practice who is not; but there are other qualifications of which a faculty cannot judge in the short time allotted to a full curriculum. To these I need not allude, as every honest, conscientious practitioner is only too well acquainted with them. To formulate a plan by which the difficulties could be obviated by legisla-



tive enactment will, no doubt, prove a difficult thing. Past efforts, by other states, prove this to be a fact, but if some plan could be devised by which every practitioner could furnish the community in which he proposes to operate full and satisfactory evidence of his thorough honesty and integrity a great good work would be effected."

"I have not given it much thought. To recognize diplomas I do not think would cover the ground; and an examining board, ignoring diplomas, would be to have a law, it seems to me, that would be too harsh. It seems to me there is a happy medium that would prevent an incompetent practitioner, though he may hold a diploma, from practicing."

"A provision conferring upon the State Board of Health (or a board of medical examiners if preferred), authority to issue certificates to all physicians of good moral character that hold diplomas of regularly accredited and approved medical colleges, and to other persons, not having diplomas, who pass a satisfactory examination in the essentials of medicine; these certificates to be placed on record in the office of the clerk of the court in the county where the physician practices or resides; and making it a penal offense to practice without such certificate on record. This provision might be amplified and others added, if deemed necessary, but it will answer well to begin with."

"To practice medicine one should be a graduate of an accredited school of medicine."

"Would have the law demand a diploma from a medical college, or an examination by a state board, regardless of the time the doctor had been in practice."

"A law that would debar persons who are not qualified to practice."

"Have given the subject no thought; should say a state board of examiners."

"I have not given the subject sufficient thought."

"I have nothing to say, having been rapped over the knuckles some ten years ago, by the profession, for my efforts in trying to get a law. I have ever since thought it wisdom to keep mum."

"I am not at present prepared to an-

swer, because I have not given the question sufficient thought."

"Not having given the subject much attention, I hardly feel prepared to answer your second question at this time."

"Am inclined to think a law similar to that of Illinois would be beneficial."

"Embody in it some provision whereby quackery could be eradicated, and the standard of excellence of those holding diplomas could be raised."

"The law now in force in Illinois is about what is necessary."

"Let the profession insist on a more thorough education for those proposing to enter its ranks."

"Am not prepared to say just what provision I would embody in that law, but would be in favor of drawing the lines reasonably tight."

"I favor the Illinois law, allowing none but graduates of a recognized medical school to practice, unless it be to allow a man who has been in practice in the state ten years or more."

"I am unprepared to say."

"Would compel everybody practicing medicine to have a diploma from a reputable school, with a provision that would allow practitioners of ten or twelve years experience to continue practicing, if they could pass a satisfactory examination before a state board of examiners appointed for that purpose."

"I believe a law similar to the one in force in our sister state, Illinois, to be the best one we could get at the present time. I think our present board of health could be improved upon."

"Suppose something like the Illinois law is the best that can be had."

"I think a law similar to that of the state of Illinois would be good law for our own state."

"Would like one similar to the Illinois law."

"I should think such a law as the law of Illinois, or one similar, would do us very well."

"There will be no trouble about passing a law regulating the practice of medicine so soon as it is known that it is not especially for the benefit of the doctors, especially of our school. I have, as opportunity offered, tried to educate our

people up to that, and we have quite a goodly number here of the laboring class who are with us on this question."

"I interested myself a number of years ago in the matter of the passage of a medical bill for the control of practice in this state, but became discouraged at the Davenport meeting in 1877 or 1878, I have forgotten which, since which time I have hoped that our legislature would make some law, every session, but have been disappointed. You state the true cause of our failures in your editorial on this subject, in the third paragraph, on page 94, No. 6, February number. We do not move unitedly in the matter, and always too late; too near the meeting of the State Society to accomplish anything. The plan you propose will only result, I fear, in considerable discussion without a conclusion. If our medical societies were to remain in session for weeks it might be different, but deliberative bodies do not formulate laws; the *few* do that, and the *few* do the work. 'Too many cooks,' and 'What is everybody's business,' etc., is true. I believe the better way, and only practical way, to solve this vexed question is for the *many* to *quit talking*, as we, in the main, agree as to what is needed, and let the *few* make it their business. Let a committee of three or five, not more, be appointed by the State Medical Society, at Cedar Rapids, of the very best men in the state, with *full power to act*, placing ample funds at their disposal to employ legal advice and to defray necessary expenses, with the distinct understanding that we—every honorable medical man in the state—will stand by the committee, even if we do not approve of the exact wording of the bill they in their wisdom may prepare. Let us lay a foundation; anything is better than nothing. Subsequent legislatures can alter and add, if we only have *something* to change and add to. This may savor too much of the 'machine' to suit a few of the 'holier than thou' members of the profession, but it is the only way Iowa will ever free herself from being the dumping ground of the disbarred and disqualified 'doctors' of the Northwest."

"At first glance, however, I would say

that the mere absence of a diploma does not necessarily preclude proficiency. A man of good judgment, studious habits, and laudable ambition, can, in his own home, with proper effort, acquire a greater degree of competency than some possess who triumphantly point to a sheepskin on their office walls. While this is true, I fear that a state board, which would probably be a political creature, or the outgrowth of combinations between the different schools represented in the state, would rarely possess the necessary integrity and stamina, to withhold a permit from a man, who had spent three or four seasons in yachting or playing base ball, while his father paid for his college tickets, and grant it to one, whose school had been the field, the workshop, or the village store during the day, and the garret with his rusty books at night, for a series of years. It would seem somewhat arrogant for a political convention to put in nomination a board of censors, who, in the exercise of their functions, might undo the work of college faculties, and relegate to the common herd those who had been duly stamped and delivered to the credulous public. An appointment, by the governor, would carry with it an air of authority, but would it secure for the people a greater degree of proficiency in the 'doctors' of our commonwealth than is secured by the examinations in our schools of medicine at the present time? Another very important fact presents itself to my mind. It is that many who are well up in the fundamental principles of a medical education, and thoroughly conversant with the various and conflicting theories of the practice of medicine, from the time of Galen to the present, utterly fail at the bedside. Now, by what manner of proceeding we will be enabled to get rid of the boasting quack, the blustering empiric, and the visionary book-worm, learned in the lore of the *science*, and having as many degrees appended to his name as there are theories in his head, and at the same time retain in the profession those of practical worth, is what I deem the important question at the present time, and one which should be well considered before an attempt at legislation is made. With



the ranks in every legislative district crowded by men who fear an investigation of their qualifications, the influence brought to bear on our Solons will be irresistible, if the measures proposed are not proof against the most rigid criticism. If you will pardon my assumption, I will suggest that a committee of the most prominent members of the State Society formulate a bill for the regulation of practice in the state, and that the same be submitted to each of the local societies for consideration, after which, at the next state meeting, it be acted upon by the society and placed, as completed by them, in the hands of a competent committee, whose duty it shall be to use all honorable means to secure its passage at the next meeting of the state legislature."

### ASTHMA.

BY J. P. CRAWFORD, M. D., DAVENPORT.

THERE is perhaps no disease which we are called to treat that presents a greater variety of phases than asthma, or calls for a more varied treatment. The complications are numerous. Pathologists disagree upon its ætiology.

The two generally accepted theories of the immediate cause of the asthmatic paroxysm are tonic spasms of the diaphragm, and spasm of the bronchial muscles. The latter is the oldest theory, and it has the support of Trousseau, Salter, and other good authorities on this subject.

Leyden claims to have found brownish cells in the sputa undergoing granular degeneration, between which are colorless octahedral crystals, composed of a substance analogous to mucin; he believes that the asthmatic paroxysm is produced by reflex spasm of the muscles of the bronchial tubes, the spasm being induced from irritation to the terminal branches of the pneumogastric by these minute crystals.

The latest theory is that advocated by Weber, which groups together the following factors: Spasm of the bronchial

tubes, bronchial catarrh, tonic spasm of the diaphragm, cardiac lesions, etc. This cannot be far from correct, as it combines all the presumed causes.

Asthma is a neuropathic affection, tonic spasm of the bronchial muscular fibers, induced by a morbid nervous irritation. The exciting causes of the paroxysm, arising from sources of disturbance of the nervous system, are probably exerted through the excito-motor or reflex function of the nervous system. Various agents contribute to the cause that produces the peripheral irritation, which brings about the asthmatic paroxysms; exposure to dampness and cold; changes in the weather; peculiarities of climate; inhalation of certain odors, and pollen of plants; sulphur fumes; indigestion and flatulence; and emotional excitement from mental and physical causes.

One of our noted pathologists describes this reflex nervous disturbance in the following way, and says that the mechanism is plain:

"In case of intestinal irritation the end organs of the pneumogastric are acted on, the impression is communicated to the pneumogastric nucleus, and reflected over the bronchial and pulmonary branches of the vagus. Also in case of affection of the nasal mucous membrane the filaments of the fifth nerve receive the impression, and as the nucleus of the fifth and the pneumogastric lie in close connection, and are intimately associated in function, disturbance in one is easily and quickly transferred to the other. In this way numerous examples exist."

Asthma is an affection attended with extreme difficulty in breathing, without pathological changes in the respiratory organs; an acute dyspnoea lasting for some hours and terminating in complete recovery.

It may or may not occur in connection with bronchitis, although it generally does, yet spasm of the muscles, independent of bronchitis often occurs, as well as bronchial inflammation, without asthma, thus showing it to be a distinct disease.

It is but reasonable to suppose that bronchial inflammation might exert an

influence whereby the muscles would be more prone to take on a spasmodic action, and in such a manner be a predisposing cause without being an essential factor of the disease. Asthma may be confounded with emphysema, yet the latter may be differentiated or found to be only coexisting with asthma by means of physical signs.

The volume of the lungs is so far increased in emphysema by the dilatation of air cells as to deform the chest walls, giving them a barrel form, which, on percussion, gives an intense vesiculotympanic resonance.

In asthma, the dry bronchial rales are abundant. Loud wheezing, whistling sounds, take the place of the normal vesicular murmur. Forced inspiration shows the position of the chest during a paroxysm. By contraction the diaphragm is brought below its normal position. The lungs are filled to distention, and each inspiration brings in a little more air, which remains as residual air, increasing the distention without the efforts of the patient. Expiration becomes much more labored than inspiration from this bronchial obstruction.

After the first attack of asthma the victim experiences premonitions peculiar to his own case, such as coryza, headache, bronchial irritation, hiccough, and a feeling of general malaise.

If the artist wanted to paint a picture, portraying all the elements of suffering, extreme agony, and impending dissolution, he could find a perfect model in the asthmatic patient.

The victim of asthma, after a few hours of uneasy rest, suddenly rouses, experiencing terrible distress in the chest, starts for the window or door for air, hoping to relieve the sensation of impending suffocation; bends forward with elbows on the knees, gasping with every inspiration, as though it were the last; eyeballs protruding, face cyanotic, and bathed in perspiration; breathing accompanied with loud whistling, wheezing sound. In the course of the paroxysm the bronchial tubes soon begin to pour out a profuse grayish white secretion, which gives a sense of relief, together with the occasional eructation of gas.

After some minutes, or hours, the paroxysm gradually subsides. There may be a recurrence at any time, and there is a sense of fatigue, soreness, and indisposition, which, in a few hours, wears away and the patient is restored to his usual health.

As for the treatment of asthma I will give a brief history of a few cases in my own practice.

J. G., aet 22; man of dissipated habits. Dated the origin of his trouble one year back, at which time he slept out doors in the weeds.

Following this exposure his first attack came. At the time of the paroxysm, for which I treated him, there was a great deal of bronchial inflammation. The paroxysms were controlled, in a measure, with chloroform, but lasted many hours, and the intermissions were short. Gave the patient iodide potassium and atropia, with improvement in a day or two. He was not able to be discharged for over a week. In this case paroxysms seemed to be excited by the severe bronchitis; as the bronchial inflammation subsided, with the use of the iodide, the spasmodic tendency disappeared.

Case No. 2; Mr. —, aet 48; freight engineer; troubled with asthma so that he was frequently obliged to lay off his run.

He said that he was very tired, and was afraid he would not be able to lie down; he was often compelled to sit up, not being able to lie down on account of a sense of smothering. Gave him a large dose of Bromidia for immediate relief, and prescribed grindelia robusta, the latter to be continued. He rested well that night, and reported several months afterward, that with the continued use of the grindelia, he had enjoyed almost complete immunity from his sore affliction. He is able to follow his business, which is attended with a great deal of exposure, and regards the treatment in his case as specific.

Case No. 3; Mr. —, aet 38; passenger engineer. Suffered from asthma occasionally, but not severe; was troubled some with indigestion. Placed him on grindelia, and enjoined upon him the necessity of looking to his diet and caring



for his digestion; has been comparatively free from his asthma since.

Case No. 4; Mr. W., aet 35. Has most violent attacks every few weeks. In his paroxysms he manifests all the characteristic symptoms and habits of a typical case. I have repeatedly been called to find him in the most extreme agony, gasping as though each breath would be his last. In this case I inject  $\frac{1}{4}$  gr. morphia, get free action of the bowels, and push the iodide. In a few minutes he gets easier, and in two of three days is apparently as well as ever. His paroxysms come on when he gets his feet wet, and when his digestive functions are deranged.

Mrs. E., aet 45. Had asthma for over twenty years; during the earlier years of her disease she had serious bronchial trouble. For five years she had a bad cough; expectorated a great deal; system reduced so that she was a perfect invalid. All this time she was troubled more or less with asthma. For many years she followed nearly every course of treatment available. But only in later years, since she commenced using the iodide of potassium, has she been materially benefited by treatment.

She keeps the iodide on hand constantly, or some preparation containing it, takes a small dose at bedtime, or when she has the slightest premonition of a paroxysm which she experiences frequently. In a few minutes she feels relieved, and is certain that it is the only thing that prevents her from being as great a sufferer as formerly.

In other cases have had the patient smoke stramonium and belladonna leaves with some relief. In mild cases nauseating expectorants, pushed far enough to get their relaxing effect, suffice.

It is necessary for the practitioner to have numerous remedies available, as he will often be disappointed in one, and contrary to his experience, find another to work admirably.

In the continued treatment of asthma, there are predisposing causes that must not be overlooked. Perhaps the most potent among these are disturbances of indigestion. Such articles of food calculated to set up this reflex disturbance

should be excluded. Exposure should be avoided.

The benefits derived from change of climate are so varied that it is not a practical measure, unless it should be for a peculiar form of asthma dependent on some pollen or other irritating substance floating in the air. In this case a change of location might prove beneficial.

## IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, April 1, 1885.

Movement of population for March:

	Men	Women	Total
Remaining Feb. 28, 1885...	358	286	644
Admitted, curable cases...	1	6	1
Admitted, incurable cases..	11	7	18
Whole number treated...	370	299	669
Discharged, recovered....	3	3	6
Discharged, improved.....	2	6	8
Discharged, unimproved...	6	7	13
Discharged, died.....	2	2	4
Remaining March 31.....	357	281	638

Yours respectfully,

GERSHOM H. HILL, *Supt.*

ARTIFICIAL SEA AIR.—Many, indeed, are the luxuries that the magician's wand of invention now brings into the midst of our homes. As an instance, to produce a sea atmosphere for the sick room, a foreign contemporary suggests the use of a solution of peroxide of hydrogen (10 volumes strength) containing 1 per cent of azonic ether, iodine to saturation, and 2.50 per cent of sea salt. The solution placed in a steam or hand spray diffuser can be distributed in the finest spray in the sick room at the rate of two fluid ounces in a quarter of an hour. It communicates a pleasant sea odor, and is probably the best purifier of the air of the sick room ever used. It is a powerful disinfectant, the same author writes, as well as deodorizer, acting briskly on ozonized test solutions and papers. It might be well to test the subject in some ward of one of our hospitals.—*Scientific American*.

THE  
Iowa State Medical Reporter.

DES MOINES, MARCH, 1885.

EDITORIAL.

EDITORIAL NOTES.

It is with pleasure that we are prepared to announce to the profession of the state, and to our cotemporaries, that the generous and hearty support, which we are now daily receiving, is so substantial that we can give positive assurance that the REPORTER will be enlarged and generally improved in its appearance, in the near future, commencing, in all probability, with the first number of Volume III. At this time the full extent of improvement cannot be determined, as it will depend somewhat upon the extension of the generous response being daily received.

\* \* \*

SINCE the publication of the last number, the editor of the REPORTER has sent out over one thousand letters of inquiry, each of which contained the following questions, "Are you in favor of a state law regulating the practice of medicine?" "From your experience and judgment, what provisions would you embody in such a law?" accompanied with an invitation to contribute to, and otherwise support, the REPORTER. So many are the replies, that, at present, we cannot give to our correspondents the courtesy of an immediate reply; therefore, we wish, at this time, and in this way, to publicly thank, and express our gratitude to all who have kindly answered our inquiries. We have taken the liberty to publish extracts from some of these let-

ters, always concealing the identity of the writer, save where authority was given. While we know that these letters were not written for publication, and were intended to be confidential, we believe no one will blame, and all excuse, when they see that we have in no way violated that confidence, and that by this publication of extracts their authors will see like views from others.

\* \* \*

THE question of organizing a state medico-legal society, as raised in our last issue, has met with so much general approval, through correspondence, that we will say to those who have written us encouragingly and approvingly, that the subject will receive further attention in the near future. In the meantime, we shall be glad to hear from others who are interested.

IOWA STATE MEDICAL SOCIETY.

THE thirty-third annual session of the society will be held at Cedar Rapids, beginning May 20, 1885, at 10 a. m.

Supplementary to the routine and general work of the society, there are reports promised from the chairman of each section upon the subject matter of his section. On Medicine, G. P. Hanawalt, Des Moines; Surgery, H. B. Ransom, Burlington; Obstetrics and Gynecology, D. Macrae, Council Bluffs; Materia Medica, John North, Keokuk; Ophthalmology and Otology, C. M. Hobby, Iowa City; Public Health, W. S. Robertson, Muscatine; Microscopy, D. S. Fairchild, Ames; Necrology, each congressional committeeman.

In addition to the above, papers have been promised by L. J. Alleman, Boone, "Injuries to the Spinal Cord;" H. L. Getz, Marshalltown, "Conservative Surgery of the Hand and Foot;" S. W. Moore-



head, Eagle Grove, "Certain Indications for the Administration of Medicine;" T. S. Parr, Indianola, "Some Thoughts upon the Relations of the Material Forces to Matter, and the Therapeutical Value of some of these in the Treatment of Disease;" W. F. Peck, Davenport, "Surgical Practice on the Organs of the Abdomen;" John North, Keokuk, "The Importance of Chemistry to the Physician;" E. H. King, West Liberty, "Treatment of the Umbilicus in the New Born—Why do we Use the Belly Band on the infant?" Rosa M. Upson, Marshalltown, "Scurvy;" A. L. Worden, Des Moines, "Obstruction of the Bowels and its Surgical Treatment;" J. M. Emmert, Atlantic, "Plaster of Paris as a Preventive Dressing in the Treatment of Fracture;" L. C. Swift, Des Moines, "Spinal Irritability as a Distinct Disease;" F. E. Cruttenden, Des Moines, "Vocal Gymnastics, and their Use in Diseases of the Throat and Nasal Passages."

Papers, titles not reported, will also be read by J. A. Jenkins, Keokuk; E. M. Reynolds, Centerville; G. M. Staples, Dubuque; and P. W. Lewellen, Clarinda.

The amount of professional and routine matter is such, that it will require a three days' session; and if the society devotes the time to the unfinished and new business that they require, the session should be made three and a half, or four days.

The officers of the society, as heretofore, are confronted with certain evils that should be corrected. They arose from accident or necessity, and, through indulgence, they have gradually increased. In justice to the officers and to the society (without intending personalities), the individual members should so conduct themselves, and insist upon others so doing, as to avoid the rambling and unnecessary discussion that each subject, irrespective of its importance, brings forth. This

discussion is often aimless, other than the feeling that they should be heard, or that they wish to compliment and show the originator of the topic that it meets their approval. It has heretofore been a custom, that during the entire session members were constantly getting up and going out, often in the middle of a paper, address, or important business. With a few exceptions, this could be avoided, and it is a right that the society should demand from all.

The custom, of delivering to the local press papers that have been read and received, is one that should be condemned. The paper having once been presented, and accepted by the society, is the society's property; the author of the paper, at that time, has no more right to publish, or give to others for publication, than if it had never been written by him.

In addition to the regular program of professional matter, and the usual routine of prescribed business, there are several items of unfinished business; some carried over from previous meetings, and some introduced at the last session. Of these items, many are of minor importance to the welfare of the society; others, will either hasten the evolutionary advance, or choke it by a period of retrogression. No one has willfully attempted, or probably will attempt, having the good of the society at heart, to produce the latter. Whether these measures are calculated to favor progression, or retrogression, depends upon the policy of the society. Its policy may be broad and liberal, as interpreted by the liberals of New York; it may be conservative, as exacting and straight-laced as the old blue laws; or, it may be progressive and have liberal provisions that will give life and opportunity for progress, and force to throw off its parasites. That the latter is the desire of the regu-

lar profession, and of the laity, there can be no doubt. The press has answered for the people. The profession have answered through correspondence. Therefore all measures should be, and will be at this time, judged by their relation to the latter policy.

The most important of the unfinished business is the revision of the constitution and by-laws, which is in the hands of Drs. Robertson, Williamson, and Kennedy for report. The constitution and by-laws need improvement. The existence of this committee indicates the general approval. Time should be set apart early in the session for their report.

The committee on school hygiene will have an interesting report, provided the State Board of Health has reported to them, as requested; if not, the subject is still before the society.

The resolutions to come up for final action, as amendments to the constitution, "that no delegate shall be received from a local or district society when there is a regularly organized county society in that section," and "that all similar societies shall report between the first, and last day of January, of each year, a roster of officers and members, requirements for membership, and an epitome of work done, so that the committee of arrangements can have some data in which to judge of the actual working status of said societies. The latter should be adopted, and placed in the revised articles. The first resolution is intended to prevent irregular men, and regular men who are practicing irregularly, from organizing themselves into a society and obtaining representation in the State Society.

Were all the county societies what they should be in tone and quality of membership, and in progressive work, and were all the active societies county societies, then, possibly, it might be wise to

adopt a straight-laced conservatism that will prevent representation from all other societies. The evil that this resolution is intended to correct, should be corrected, but by other means. The society should remember that more than one-half of its members are from the district auxiliary societies, and that many of these districts societies extend over territory having county societies. This resolution would disfranchise all such district societies. Many of the county societies are known only by name of organization, and a roster of officers and members; their moral and active work is nil; they contain a few (usually not the majority) men who are active and progressive, who wish for something better, and who have complained bitterly at times of their society. (Our files contain abundant correspondence supporting these statements.) As there are not more than a dozen county societies in the state that are doing good work, it seems like a step backward. There is another reason, it is introducing a system of politics; not state, local, or national, in the usual acceptance of the term, but medical politics. By restricting representation to one county you can readily combine county influence, congressional influence, and, finally, congressional representation. This is stifling, and binds all steps of progress within an unyielding machine. The representation is now controlled by a few because of the disinterestedness of the many, and their dislike for self-assertion. The representation of some congressional districts is greater than that of others. The only just and equitable representation is one per membership, without regard to territory. The only representation, should be by delegates, who are themselves qualified, from a qualified society. By a qualified society, we mean one that



conforms in spirit and letter to the national code, and to such qualifications as the State Society may, and should, require of all auxiliary societies in lieu of the above resolution. For these reasons, the State Society rather than discourage, should encourage the formation of new societies; should encourage activity. This is an age of progress; times change, men change, and societies must change. Those societies that will not change justly deserve the abandonment they are receiving, and they should not be upheld as an impediment to the formation of societies that will do good, and active work; that will make and enforce provisions, and will uphold the spirit of the code, and the constitution of the State Society.

The committee of arrangements are making complete and ample provision, and the society can look forward to a pleasant entertainment.

#### "MEDICAL LEGISLATION."

THE last time this subject was called to the attention of our readers, through our columns, we volunteered some wholesome advice as to what this, or that party or society should do, preparatory for the annual meeting of the State Medical Society. Considering that it would be well for us to take a little of our own advice, we commenced by opening a large correspondence with members of the regular profession of this state; a correspondence, that numbers over one thousand letters from us. The result of this correspondence we have placed, in part, before our readers. The extracts published were taken without any selection, and from the letters as they were received. Our later answers show more care and thought upon the subject than the average of those published. A very large per cent of answers have been received, and others are being received daily.

The evidence, contained in these letters, is conclusive, that the regular profession desire a law regulating the practice of medicine, and that they differ widely in detail as to the requirements of such a law; but that in the main, they agree upon the Illinois law with some modifications.

A critical examination of the special provisions given, shows that there is very little conflict of ideas, other than many have left out the provisions that others have inserted. Summarizing the provisions published, and those in our hands, not published, we find that the profession of Iowa want a law similar to the Illinois law, that will contain as additions, or changes, a provision for a more thorough education; a provision that all practicing physicians shall hold a diploma from some creditable school; a provision recognizing that the present status of physicians is one, that the absence or presence of a diploma does not indicate proficiency, or want of proficiency; a provision that the state board should be one other, and independent, of the State Board of Health; and a provision that the regulations should be stringent, and the penalties severe. The methods suggested to attain these provisions differ greatly. For example, the provision for a more thorough education, contains among other suggestions, compulsory examination every three or five years; a "a government board of examiners;" no schools in towns with less than one hundred thousand inhabitants; should hold diplomas regardless of time of practice; all physicians should pass a non-teaching board; should close up the medical schools; should require a longer term of study. The prohibitory clauses suggested, prevent all who are not graduates from practicing; require an impartial examination of all who are practicing medicine to determine their

qualifications, irrespective of diploma; provide for a state board consisting of from three to seven members, non-teaching, who are not members of the State Board of Health; call for stringent regulations, and the employment of the proper legal counsel to so frame a bill that it cannot be evaded; and they ask that the penalties be severe, imprisonment, and fine from five hundred to a thousand dollars. These examples represent the expressed feeling, as to the spirit of the legislation, of those who have touched at all upon any one of the several ideas, with the exception of a very few, not more than half a dozen, who have united in a general disapproval of the whole subject. The essential pioneer work, the personal expression, has been accomplished; there remains yet, the concerted action, not only in the framing, but in the final work to secure the passage of the bill. In this correspondence, a number of doubts, and a good many reasons for them have been given on the ultimate success. While we do not believe in "cannot," the reasons given for want of success are in full accordance with those heretofore expressed by us.

This subject is too great, and will require too much time, to be entertained by the society during its regular session. We again suggest, that the society appoint representatives from members present, who represent the auxiliary societies of the state, so that each society will be represented, that it appoint a number of representatives at large, and that this committee of representatives withdraw from the body of the society, and in a committee of the whole, consider this subject, establish the essential features of the medical bill, and suggest provisions by which it can be properly constructed and pressed for final pas-

sage. Adopting this method, it cannot interfere with the regular work of the society, and during the three days' session there will be ample time for this committee, provided it is not too large, to exchange expressions and come to some mutual understanding.

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, April 1, 1885.

Movement of population for February:

Present, February 28.....	261
Admitted during March.....	6
Discharged during March.....	0
Died during March.....	1
Present, March 31.....	266

F. M. POWELL, *Supt.*

SOLDIERS' ORPHANS' HOME.

DAVENPORT, April 1, 1885.

Movement of population for March:

Present, March 1... ..	273
Admittted during March.....	5=277
Discharged during March.....	1
Remaining March 31.....	277

Of these 128 were girls and 149 boys.

Respectfully,  
S. W. PIERCE, *Supt*

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, April 1, 1885.

Report for March:

	Men	Women	Total
Remaining February 28 ....	269	215	475
Admitted in March.....	15	9	24
Returned from visit.....	2	1	3
Total under care in the month.....	277	225	502
Discharged during month..	18	6	24
Daily average.....	259	217	476
Discharged, recovered.....	7	3	10
Discharged, improved.....	4	3	7
Discharged, unimproved...	5	0	5
Discharged, died.....	2	0	2
Remaining March 31.....	259	219	478

H. A. GILMAN, *Supt.*



# IOWA STATE MEDICAL REPORTER.

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VOL. II.

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No. 9

## ORIGINAL ARTICLES.

### PULPLESS TEETH.

BY DR. WILSON, OF BURLINGTON, MEMBER OF THE FACULTY OF THE DENTAL DEPARTMENT OF THE STATE UNIVERSITY.

[Extracts of a paper read before the Iowa Dental Association at their late annual meeting.]

A pulpless tooth is not necessarily a dead tooth, but a dead tooth is, of course, a pulpless tooth. The adjectives "pulpless" and "dead" are not, therefore, synonymous, although frequently so used, especially by medical writers. Let us note the marked distinction between the two. A pulpless tooth may be a part of the living organism—a dead tooth has its nutritive supply entirely cut off, and it is in every sense a foreign body—it is dead and inert. The former may be restored to health and usefulness—the latter should always be condemned as a nuisance that cannot be abated without the use of the forceps. \* \* \* \*

Having thus briefly called attention to the fact that the dentine and cementine derive their vitality from independent sources—that the life of the one is not dependent upon the life of the other—that a pulpless tooth is not necessarily a dead tooth—we are prepared to consider, understandingly, the subject of this paper. It may, however, seem like presumption on the part of the writer, in thus offering the forgoing to an intelligent body of dentists, when every student of dentistry at the close of his junior year

should fully understand the facts above stated. But I am led to a consideration of this subject from articles entitled, "Dead Teeth in the Jaws," that have appeared, from time to time, during the last two years, in the New York *Medical Record*, and as those articles come from high sources in the medical profession, they deserve more than passing notice. The able editor of that journal, and Dr. Samuel Sexton, a distinguished oculist and aurist of New York City, being the principal writers referred to.

The *Medical Record* of October 4, 1884, contains a report from the aural service of Dr. Sexton, entitled, "Pain in the Ears due to Irritation in the Jaws." He describes a number of cases of otalgia in which he found the lesion to be in diseased teeth.

He goes on to say that "since dentistry had become such a popular business, and diseased teeth had been so carefully retained in the jaws, nervous diseases about the head were becoming alarmingly common."

The same number of the above journal contained an editorial on "Dead Teeth in the Jaws," which read as follows: "Perhaps the time is near at hand when medical men should be themselves better informed concerning diseases of the jaws and mouth, rather than refer the ailments of this region to individuals whose limited knowledge of medicine does not prevent them from 'treating' dead teeth long after their presence in the jaws has given rise to alveolar abscesses and neuralgias more or less painful. It would not be strange if, in the course of events, the day would soon come when all teeth without pulps, and hence in process of

more or less rapid decay, as well as those which the deposit of tartar, or other cause, had become entirely divested of periosteal nourishment, would be promptly condemned as unfit to remain in the jaws, regarded in fact as foreign bodies liable to give rise, not only to cerebral irritation and disease in the organs of special sense, through the propagation of local disturbances in the mouth to the regions mentioned, but to endanger likewise the general health through purulent matter discharged into the mouth from alveolar abscesses, to be continuously swallowed for a long time, or, indeed, in some instances, to be absorbed and thus produce septicæmic poisoning. It is certainly gratifying to note the establishment of instruction in oral surgery in some of the medical schools, and it is to be hoped that this subject will receive the attention its importance demands."

Dr. Sexton cites the readers of the *Record* to eight cases of otalgia resulting from diseased teeth. I have no doubt but a majority of the dentists before me to day have met with almost that number of cases in practice every week; nor do you find it a difficult thing to render prompt relief, and that, too, in a large majority of cases, without the use of the forceps. And I believe that I am warranted in saying that in at least three-fourths of the cases met with in our practice, we find the reflex pain in the ears due to exposed living pulps, and not to "dead teeth in the jaws."

That diseased teeth do cause reflex trouble, not only in the head, but frequently in more remote parts of the body, is a fact well known by every competent dentist. I am glad that Dr. Sexton has at last discovered the fact, that diseased teeth do frequently cause reflex pain in the ears, and in other neighboring parts, and that alveolar abscesses very often cause catarrhal affections of the maxillary sinus and of the nasal passages, and that diseased teeth will endanger the general health. It is to be regretted, however, that the doctor has found it necessary to charge this unfortunate state of affairs to the ignorance of dental practitioners, who are in no way responsible for but few of the many cases met with

in practice, for there can be no doubt but a very large majority of the teeth causing the troubles above referred to have never received any treatment whatever at the hands of dentists, and because Dr. Sexton has discovered that in certain cases pulpless teeth (or dead teeth as he calls them), has caused the ailments above referred to by Dr. Sexton, there can be no doubt. Every dentist of any considerable experience can enumerate such experiences by the score, and the medical profession has only been too slow to recognize the facts discovered by Dr. Sexton.

The only difficulty with these medical gentlemen is, that they have drawn very erroneous conclusions from the important discoveries they have made. Their limited knowledge of the minute structure of the dental tissue, and the source from which each derives its life, is manifested by the erroneous statements upon which they have based their arguments, and then after arguing from false premises, Dr. Sexton says: "In regard to the treatment of pulpless teeth, the practice in vogue seems the reverse of procedures founded on well established surgical principles." And in an editorial of the same issue we are informed that the treatment of diseased teeth is carried, to what "the medical minds regard as a dangerous extreme."

That some members of our profession have been over zealous in their efforts to save all diseased pulps alive, there can be no doubt. We will occasionally meet with an enthusiast in our profession who will say, "I have no use for forceps, I never extract teeth." I have heard that statement made on the floor of the Iowa State Dental Association.

That incurable diseased teeth should not be tolerated in the jaws does not admit of discussion. Good common sense ought to settle that question. And again, there are extremists who never devitalize diseased pulps, no matter how badly exposed, but "doctor them up," and stupify them, and then bury them in a living grave. Much evil has grown out of this practice.

Some one has said that to cap a badly exposed pulp is to create a slumbering volcano, and he might well have added



that such volcanoes have but a limited time to slumber. Gentlemen, there are in our own country ten thousand volcanoes belching forth—not pure molten lava—but impure gases and putrescent matter of the most sickening character. The craters to those volcanoes are not found on the mountain top, but they are found in human mouths—in the antrum of Highmore, in the nasal passages, and externally on the face, neck, or even on the chest.

When the pulp of a tooth is dead and confined within its bony walls an outlet is sought, and must be effected for the escape of impure gases arising from the decomposing pulp and for the putrescent matter associated with it. When thus confined its only way of escape is through the dental foramen, and into tissues adjacent thereto. The pressure thus brought to bear upon the bony walls surrounding the apex of the root will in time perforate it at its weakest point, and the poisonous matter is forced through the opening thus formed and into the soft tissues, which soon yield to the pressure, and the imprisoned mass of corruption is liberated. The pain and swelling now subsides, but a dangerous nuisance has been created. The channel formed from the apex of the root to an external opening will not close while it is used for the passage of foul matter and gases that will flow unceasingly from the pulp canal.

The remedy of course is to remove the cause, and assist nature in effecting a cure, and to do this the pulp chamber must be opened, its contents removed, the canals cleansed and disinfected, the abscess healed, and the roots filled to the exclusion of all fluids and purulent matter. But how often this is not done. How many thousands of suffering mortals are to-day dragging out miserable lives because of these drainage tubes emptying themselves into the oval cavity—into the maxillary sinus or into the meatus of the nose. Such an abiding nuisance in the mouth cannot long exist without ruining health. But how few of the unfortunate sufferers realize the cause of their nervous irritability, their loss of appetite, their feeling of lassitude,

their lack of energy, and their general prostration. And here let me say, that but few, in comparison to the number of these unfortunate sufferers seek relief at the hands of the dental practitioner. The patient is neither sick nor well, but debilitated and “good for nothing.” The family physician is consulted, nervines and tonics are administered, but to no avail. The septic matter is vitiating the air that is breathed, and poisoning the food that is eaten. The saliva that is poured into the mouth from the various glands must mingle with this poisonous matter and carry it into the stomach.

Sanitary means are being employed in all our cities at the present time, in view of the cholera scourge that it is feared will sweep over our land the coming summer. Our physicians wisely talk and write about the baneful influences of impure water, about miasma arising from the decomposition of vegetable matter, and about unwholesome food, and it would be well if the public would heed their timely warnings. And as dental practitioners, I feel that we, also, have an important duty to perform, in enlightening our patients, and the public so far as we are able to do so, in the direction I have above indicated.

The subject is of paramount importance, and as the opportunities come to us in everyday practice, let us not fail to impress upon the minds of our patients (when we find it necessary to do so), the fact that a clean mouth is essential to health.

The agitation of this subject, by the medical profession, is a step forward. Hitherto medical men have not given the matter the attention its importance demanded. And now that this new light has dawned upon Dr. Sexton, it is not strange that, in hastily drawing his conclusions, he should have mingled much of error with the truths he has discovered. Possibly some of the cases that have come under his notice may have been the result of bad practice on the part of incompetent dental practitioners, but to charge the dental profession with their shortcomings would be a matter of great injustice. Dr. Sexton is too hasty in his conclusions. First, he discovered

that certain pulpless teeth had caused certain ailments, hence he condemns all pulpless teeth. He has discovered that certain dentists have failed to treat such teeth successfully, hence he condemns the dental profession for attempting to save such teeth. It would be equally fair to condemn the whole medical profession, because of the incompetency of some of its members. But before dismissing the subject of pulpless teeth, it may be well for us to examine the subject a little more carefully from the standpoint of the medical writers above referred to. We cannot afford to make a mistake with regard to so important a matter. The higher a man stands in his profession, the more serious the mistakes he makes, and the more important it is that his practice be sound. An enthusiast or an extremist may injure a good cause. There are such men in our ranks.

A few years ago a prominent dentist said, "The tooth's pulp is its soul, and it is criminal to destroy it."

I heard another prominent dentist say, "If I find a part of the pulp dead, I amputate the dead tissues, and save the balance of the pulp alive."

A dentist has just moved away from Burlington, who has been in practice there for fifteen years, and during that time he has been using arsenic for obtunding sensitive dentine, and he has succeeded in accomplishing his purpose admirably. I have found in one month half a dozen filled teeth containing dead pulps, and, of course as many alveolar abscesses in active operation. The evils arising from such abominable methods of practice are simply appalling.

\* \* \* \* \*

I have less frequently met with cases where those fistulous openings were on the neck or chest. In those cases the roots of the teeth are usually long, and when the abscess breaks through the lower border of the jaw, and the pus comes in contact with the soft tissues, it follows the course of the muscles and forms a sinus as it gravitates to some point on the neck or chest. I have known of a number of such cases being under medical treatment for years, where the affection was supposed to be of a strum-

ous nature, and the real cause was not suspected, and in every case a rapid recovery has followed the extraction of the offending tooth.

\* \* \* \* \*

Gentlemen, I have no doubt but the most of you are disappointed in the nature of this paper. I have scarcely alluded to the treatment and filling of pulpless teeth. That had not been my purpose. But I have wished to call attention to the fact that a large majority of the ailments above referred to have been due to diseased teeth that have never received any attention whatever at the hands of competent dentists.

That pulpless teeth and roots may be treated, filled, and preserved in health in a majority of cases, is a settled question. Every well-informed dentist knows that to be a fact, the distinguished Dr. Sexton and the able editor of the *Medical Record* to the contrary notwithstanding.

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### UNIQUE MIDWIFERY.

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BY S. B. CHASE, M. D., OSAGE.

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The following somewhat unique case, which fell into my hands yesterday, both amused and troubled me. The day was cold and rainy; the distance, 13 miles; the lady, the wife of a well-to-do German, in labor with her tenth child; and an old grandma, twenty-four hours in attendance, vainly striving to perform an impossible task.

The old lady gravely informed me that becoming convinced the child was held back by the cord, she introduced her hand and found it three times about the child's neck. This she unwound! and proceeded to deliver, or at least about two feet, for a hand hold. The unwinding may be left safely to our readers. The cord delivery was a fixed fact.

The woman was in hard labor, the womb contracted and unyielding. The head, presenting transversely, the occiput to the left, was flexed laterally by impinging upon the symphysis, and impacted firmly in the superior strait at its entrance. Satisfied that delivery without assistance was impossible, I attempted to apply the forceps, when lo! the



Avernian words of Aureas flashed upon me: *Hoc opus, hic labor est.* The plain fact is, I could not apply them. To add to my trouble, and increase my discomfort, a large excrescence, polypoid in appearance, protruded from the inner portion of the right labia majora at its longer third, while upon every attempt to introduce the forceps the prolapsed funis appeared omnipresent. This might have been ligated and removed, and probably should have been.

After a profuse and protracted sweat, I succeeded in introducing one blade of my forceps; and by using it as a vectis was able finally to introduce both blades and deliver a ten pound dead child. The mother and friends were grateful, and I was happy, although pretty effectually wilted. I earnestly importuned the lady to have that excrescence removed, offering to perform the operation *scot free* rather than encounter it in another labor.

### CHLOROFORM WATER.

BY A. D. BUNDY, M. D., ST. ANSGAR.

In Vol. CXII, No. 4, *Boston Medical and Surgical Journal*, chloroform water, water saturated with chloroform, is treated editorially. The writer, in describing it, says that it was first formularized by Guillot, in 1844, and that afterward it was made the subject of a series of trials by Lasegne, Reynauld, and, more recently, by Beurmann. It is a stable preparation, easily prepared, and agreeable to the taste; and when diluted one-half with water it is devoid of all piquancy and acridity. After reading and studying the above named article on the subject, I immediately prepared some and began its use, substituting it for syrups in cough mixtures, and using it in all solutions containing iron. Besides its other merits, it has marked analgesic power. It is an admirable remedy in nausea, vomiting, and gastralgia, and with morphia it is one of the most desirable of sedative cough mixtures. It is said to disguise almost entirely the taste of salicylate of soda, chloral, and bromide of potassium.

I have used several gallons of it, and I am daily more pleased with it. For a long time I have been disgusted with syrupy mixtures (and I believe my patients have been also), and I shall use chloroform water in their place whenever I can.

To prepare it: Take a half gallon bottle and nearly fill it with distilled water; then add three or four fluid drachms of Squibbs' chloroform; cork it tightly, and shake it every five minutes for an hour or so, and then set it to one side until the excess of chloroform has settled at the bottom of the bottle, where it can be seen in globules. It is some hours before the excess is well settled. Syphon or decant the solution, leaving the excess of chloroform. It is a beautiful, clear, and sparkling preparation. Below I give a small list of formulas in which I am using it with great satisfaction, also a small list from Beurmann:

R.—Morphia sulph. 1 grain; Aqua Chloroform, 4 fluid drams.

M.—Dose, a teaspoonful every hour in irritating coughs, also in nausea, gastralgia, etc.

R.—Tinct. Ferri. Mur., 4 fluid drams; Acid Phos. Dil., 1 oz.; Chloroform water, 6 oz.

M.—Dose, a teaspoonful in half a wine glass of water before meals as a tonic.

R.—Brom. Potass., 2 drams; Tinct. Opi. Camphor, 2 fluid drams; Syrup Tolu, 4 fluid drams; Chloroform water, 1 fluid oz.

M.—Dose, from  $\frac{1}{4}$  to 1 teaspoonful in therapeutics of infancy.

R.—Salicylate of Soda..... 8 parts.

Syrup ..... 30 parts.

Peppermint water..... 20 parts.

\*Dilute chloroform water.. 100 parts.

Mix. *Beurmann.*

\*Half water.

R.—Chloroform water ..... 13 parts.

Peppermint water ..... 3 parts.

Water ..... 12 parts.

M.—Dose, a tablespoonful for a calmative stomach potion.—*Beurmann.*

In the search after new remedies please try the Aqua Chloroformi.

## TRAUMATIC EMPYEMA — GRASS SIX MONTHS AND TWENTY DAYS IN THE LUNGS.

BY R. W. SEAY, M. D., PILCHER'S POINT,  
LOUISIANA.

A BABY, March 5, 1884, while playing in a room, picked up a piece of foxtail grass, having a beard and a stem each an inch long, which passed through the mouth, larynx, trachea, right lung, and pleura, and which I extracted therefrom on September 25, 1884.

On the night of September 16, I was called to see Alice B, aged one year and three months. The messenger who came reported that the child had been "spitting up its liver." On arrival, at the house, I saw a baby, weak and feeble, its pulse, 160; temperature, 102; respiration, about 40. The lungs were resonant upon percussion, except at the lower part of right lung, where there was dullness; breathing, intensely puerile; violent paroxysms of coughing, during which she threw up a quantity of thin red blood. I inquired of the parents whether or not she had swallowed any irritating substance. They said she had not; that she had had fever for several days; had been sick, at intervals, for some months past, and had passed some lumbricoid worms. I was shown an ordinary coffee cup, three-fourths full of clotted blood, which the baby had coughed up, and it looked really like the liver we buy from a butcher, so that the ignorant parents thought the child was spitting up its liver. The blood was in the form of tenacious coagula. I softened and dissolved some in tepid water, but found other small clots which would not dissolve, that were afterward proven to be shreds of mucous membrane. My diagnosis was hæmoptysis and hæmatemesis. The latter, probably, from the violent and continued coughing and straining. I gave fluid extract of ergot every fifteen minutes, later, alternating with aromatic sulphuric acid. Crushed ice was given every five minutes. There was much prostration and feebleness of pulse, but the elixir vitriol soon gave strength as it began to circulate through the arterial

system. In four hours, I had checked the flow of blood. As soon as this condition had been attained, I omitted the acid, and gave, in its place, iced milk. The fever, cough, and expectoration of mucus, continued for several days, proving the existence of pneumonia. I gave nitre, tinct. aconite, tinct. veratrum-veride, and syrup of ipecac, which kept the fever and cough under control, and I used quinine in small doses as a tonic and anti-malarial. On September 17, the fever had abated considerably, and I began to hope for recovery. On the nineteenth, I found at the lower and back part of the right lung, below the seventh rib, a soft enlargement. I used a hypodermic needle in two places and found pus. In the first exploratory introduction, there was obstruction to the entrance of the needle, and hence my second puncture. I lanced, and there was a profuse flow of pus, which continued until the twenty-first, when I injected carbolized water, and left in a drainage tube. The water ran out at the two exploratory junctures. When I inserted the tube, which was one-fourth inch in diameter, I passed a thread through the outer end and tied it loosely to the clothing to prevent its being drawn into the pleural cavity. Later, the parents tied the tube in tightly, so that the orifice in the pleura was one-half inch wide, and I could see between the visceral and parietal layers for two inches. On the twenty-fifth, in the place where I made the first exploratory puncture, there was something in the orifice, and upon pulling it out, I found it was a piece of grass. When I showed it to the parents, they, for the first time, told me that the child had swallowed it many months before, but they thought it had been coughed up, as the child had a violent attack of coughing after the grass was swallowed.

On the twenty-fifth, I removed the tube. On the twenty-eighth, there was slight redness around the two orifices, where I had punctured the abscess, and on October 2, there was an adhesive inflammation around and near these two places. On the fourth, they were completely closed. The child was weak in the right side for some weeks, but otherwise made



a rapid recovery, and up to the present time, March, 1885, is well and strong for a child of its age. The hemorrhage and pneumonia was caused by the grass as it ulcerated its way through the lungs, causing a rupture of some of the minute arteries in its passage.

### THE PREVENTION OF OPIUM ADDICTION—WITH SPECIAL REFERENCE TO THE VALUE OF GALVANISM FOR RELIEF OF NEURALGIC PAIN.

BY J. B. MATTISON, M. D. BROOKLYN, N. Y.

[Read before the King's County Medical Society, February 17, 1885.]

PAIN is the paramount cause of addiction to opium. Barring slaves to the pipe—who are simply victims of a vicious indulgence—exceptions to this statement are so infrequent as to weigh little against its correctness as a whole. In an experience embracing many cases, but a single instance to the contrary has been noted. Granting this the great genetic factor, and believing prevention better than cure, one can appreciate the surpassing importance of the therapeutics of pain in relation to the prophylaxis of this growing neurosis.

Peerless among anodynes is opium, yet it is potent for evil as well as good, and its power for ill is one which we believe the profession at large has not an adequate conception, or, if aware of it—fails to realize it to the extent it deserves; and not until the mischief is done beyond their undoing, do they rise to an appreciation of what a subtle enemy is ambushed behind a seeming friend.

The power of opium to make itself a necessity—to create a demand for continued taking, would be almost incredible, were not so often attested by sad experience. The writer's belief in this peculiar property becomes more profound with each case coming under his care, and when medical men, in general, accept it as a fact, and act accordingly, we believe the steadily growing proportions of this toxic disorder will be speedily checked and decline.

Pain, be the character what it may, if sufficiently persistent, and the giving of

opiates too prolonged, will, almost unfailingly, beget the disease. But it is to the strictly neuralgic type, the one so often encountered by every day medical men, that this assertion pre-eminently applies. It goes without saying that in no other land does this outcome of impaired nerve tone prevail as with us here. Why this, is well known, and need not detain us here. The fact cannot be gainsaid, that neuralgia abounds and that its treatment with opiates—especially morphia hypodermically—has made more opium habits than can be placed to the credit of any other one cause.

It would illy become us to assert that this lamentable sequel can be entirely prevented, but we certainly think it can be largely lessened, and the special point of this paper is to invite renewed attention to a remedy the value of which the profession, at large, has not, we think, proper knowledge and appreciation, and which, in our opinion outranks all others as a substitute for opium in the relief of neuralgic pain.

Dr. Anstie, in his unrivalled work on Neuralgia, speaking of electricity in its treatment, said: "I shall make bold to say that nothing but the general ignorance of the facts can account for the extraordinary supineness of the mass of English practitioners with regard to this question." Nearly a decade and a half has passed since this was written, and yet we believe it is true, to-day, of many American medical men. Certain it is, no physician who has not had properly directed experience on this subject can form any idea of the possibilities for good possessed by a well equipped galvanic battery. Anstie's estimate of it was—"The constant current is a remedy for neuralgia unapproached by any other save only blistering and hypodermic morphia, and even the latter is often surpassed by it in permanence of effect: while it is also applicable in not a few cases where blistering would be useless or worse."

With this opinion we are in full accord, and a growing experience serves only to strengthen our conviction of its truth.

In a paper by the writer—Louisville Medical News, Feb. 23, 1884—attention

was called to the value of this agent in relieving migrains. Our present purpose is to ask consideration of its merit, by actual trial in the hands of those who have not employed it, for the relief of other neuralgic pain. Every physician who has given attention to the treatment of opium habitues well knows how often some form of neuralgia follows among the sequelæ of an opiate disusing. Those that slumber, as it were, during the opiate addiction, often, seemingly, take on a new lease of life. Others, that may be pronounced, are, essentially, the outcome of impaired nerve tone due to the opium taking. In either event, they must be remedied, if we would have the prospect of permanent cure at all promising.

One danger ever menaces the ex-opium habitue—the occurrence of pain and the risk of re-using opiates. To guard against this latter, he must needs lend every effort, for on its success his future depends. He who has escaped the thrall of opium is no longer like his fellows. The boon granted them, if re-required, is denied him, for one dose of the old narcotic may undo all done months or years before—a truth many an habitue learns by sorrowful experience; but one which, happily, proves at times, an increased and assured protection against future ills.

To the ex-habitué, some substitute for opium is then a *sine-quo-non* and of all such with which we have had any experience, not one equals the galvanic current. It is a most valued ally, and our estimate of its worth increases as experience with it extends. Points in its favor as compared with remedies given by mouth, so far as regards unpleasant gastric or other results, need not be stated; they are self-suggestive. One great advantage it possesses is promptness of effect, often surpassing in this respect, even hypodermic morphia. The latter is sometimes ineligible, and when it acts kindly as an anodyne, is frequently followed by such nausea, vomiting, head-ache or general discomfort as to make the freedom from pain a relief dearly bought. No such charge can be made against the current, for when it fails, as at times it will, disagreeable sequelæ are not noted,

if the battery has been properly equipped and rightly managed.

We are not aware that ex-opium habitues possess any peculiarity or susceptibility that makes neuralgic pain in them any more amenable to galvanic treatment than when it occurs in those not addicted to this drug. If this be true, it follows that the latter are as eligible subjects for the constant current, with just as rich promise of successful result as the former. Authorities agree as to its value. Bartholow says—"There is no fact more certain than the power of galvanism to relieve pain." Others, commending it, declare, as did Anstie, that lack of knowledge as to its value and consequent failure to employ it, are largely, the cause of its limited use.

This paper, as asserted, is a plea for securing a practical acquaintance with it, at the hands of those who are now unaware of its worth. Electricity need not and should not be limited to the specialist. Every practitioner, if he will, may avail himself of it. Careful study of its theory will pave the way for success in its practice. Varied works of this topic are at his service, and, without disparagement to others, it may be said that the last edition of DeWatteville's treatise will bring him quite abreast the times regarding it.

One obstacle to its more general employment may have been the lack of a battery that combines three features desired—lightness, smallness, cheapness. Faradic batteries of this type abound, but the interrupted current is of very limited value in true neuralgic pain. Had the demand for such a battery, incident to a more extended use of the constant current, been created, we are inclined to think it would have been promptly supplied. At present we know of no galvanic battery unless specially constructed—that contains less than ten or twelve cells. Absence of a smaller and a less costly instrument has, we think, been a bar to more extensive use of electricity. As a fact, in very many cases, the larger batteries are not needed. Of all form of Neuralgia, facial is the most frequent and in many instances, a current of from 2 to 4 cells will suffice



for its relief. We have repeatedly proven this with the Bartlett battery, made by the Galvano-Faradic Company, which, when a large instrument—12 to 36 cells—is desired, has many points in its favor.

For those desiring a smaller battery, the Kidder Manufacturing Company make one of four cells, which we have known give entire relief in severe neuralgic pain. It is small, inexpensive, and efficient. Not only is it valuable in professional hands, but it is especially adapted to domestic use, details of its management being easily acquired and applied.

Galvanism is not here lauded as a specific for neuralgia, nor is it intended to serve as a substitute for well-directed general treatment to improve the impaired nerve status on which the painful bouts depend. Neither of these roles will it fill, although cases have been recorded where entire and permanent freedom from suffering has followed a single application, but this is not the rule. The great point gained by it, is relief from pain without resort to opium—the exceeding importance of which will be all the more appreciated when one considers the oft recurring outbreaks so peculiar to this disorder and the consequent need of repeated narcotic doses to secure the desired result.

Having decided on a trial of galvanism, the strength of current, points of application and length and frequency of sittings must be duly considered. Regarding all these, careful study should be made of some standard work on the subject; but, in general, it may be said, as to the first, it must be painless—nothing more than moderate tingling, burning or redness under the negative pole. When used about the head, a current strong enough to cause slight flashings of light if the eyes are closed when the circuit is broken, will usually relieve the pain. In a battery, newly charged, we have known two cells to suffice. Minimum strength is required about the brain: marked flashes, vertigo or faintness are excess, and must be avoided.

Neuralgia of the trunk and extremities requires a stronger current, the extent of

which individual peculiarity must determine.

The site of the electrodes varies according to the nature of the case, but as a rule, the positive pole over the vertebra corresponding with the exit point of the nerve affected and the negative over the painful part will succeed. Some insist on a reverse order—i. e., negative to the spine—but, in general, it is not essential; either will answer, though, as a fact, we have invariably noted, in bilateral cases, earlier subsidence of pain under the negative pole. In the latter, exceptions to this method may be practiced: for instance, in migraine, an electrode on each mastoid, or in supra-orbital or temporal, over each eye or temple.

Length of sitting varies. Anstie asserts 5 to 15 minutes the rule. We have repeatedly known less than the first sufficient and have not hesitated to continue it more than the latter if the attack showed tendency to subside. Prolonged seances are more allowable to parts other than the head and face. Pelvic neuralgias and sciatica most often require extended sittings. If several painful points, the current can be no longer given by varrying the site of application, taking care not to break it by lifting the electrode, but allowing it to glide from one place to another.

Frequency of sitting depends on frequency of attack. Every bout should at once be arrested. The more promptly this is effected the better. It lessens nerve exhaustion and tendency to recur. Dr. Herbert Tibbits cites a striking case bearing on this point. A patient, for two years had been subject to attacks of neuralgic pain, occurring from six to twenty times daily. She was galvanized twenty times on the first day. Improvement was rapid: after a month's treatment, attacks were reduced to one or two weekly: in three months, patient was cured. Dr. Tibbits believes that in severe and obstinate cases, the full sedative effect of the current is only to be obtained by applying it as frequently as the paroxysms of pain recur.

Two cases, under personal care, will illustrate. Mrs. A. became an habitue from using morphia for relief of pelvic

pain. After twelve years addiction, reaching a daily taking of twelve grains hypodermically, she came under the writer's care and recovered. During her convalescence she had repeated attacks of neuralgia—seventeen, in all—and some exceptionally severe. Thirteen were ovarian, three trigeminal and one intercostal. In every instance, the constant current gave entire relief after a seance ranging from 6 to 20 minutes, with a strength of 6 to 16 cells. The negative pole was always applied to the painful part. This lady's husband is a physician, and in his hands, the battery has since served her well.

Mrs. B., recovering from an opiate addiction, had from one to four neuralgic attacks, daily, for nearly three weeks, and then, at increasing interval, a fortnight longer. They were bilateral—supra-orbital and through temples. Some were intense. Without exception, everyone was entirely relieved in from three to seven minutes by a two to four galvanic current. The poles were applied to the painful points, and it was invariably noted that the pain first subsided under the negative pole. Patient was instructed how to use the battery, and repeatedly did so with success. Leaving our care she sailed for the Bahamas, and in order to be prepared for possible neuralgic returns, we supplied her with a 4 cell Kidder galvanic, the efficacy of which we had determined by several trials, in which a two cell current gave entire relief. Tidings received since her leaving, prove it retains its power to remove the occasionally recurring pain.

Nothing could be more satisfactory—in fact we know of nothing so much so—as the prompt and complete success of galvanism in these cases, and they are not isolated examples. Their like abounds in medical annals. The Germans, notably, Niemeyer, have given some striking cases, making them, as has been well asserted, “among the most interesting facts in therapeutics that have ever been recorded.”

Since then, there is at command a remedy so effective, and, withal, so free from unpleasant result, we urge the profession to avail themselves more largely of this

powerful auxiliary in the therapeutics of neuralgic pain, instead of the so common resort to opiates, and, especially, the facile—yet so often fatal as regards the mental and physical health and happiness of many—hypodermic syringe. It is a trite story, but it is a true one—this using of opium to one's harm. Its importance can not well be over insisted on, and the right minded physician must admit and appreciate it, if he would conserve the well-being of many who consign themselves to his care.

But it is so easy to prescribe an opiate for neuralgic pain, that medical men—unmindful of possible harm—have been too often content to follow the old routine. Is it not time to begin a new order of things: to get out of the old path into one that will lead to better result, since free from the former risk?

Would it not be wiser for every practitioner to equip and acquaint himself with a galvanic battery, and make trial of this, rather than, at once, to opium? Would it not be far more prudent to provide his neuralgic patient—if occasion required—with this, and instruct as to its use, rather than supply morphia, or an opiate prescription, which, as everyone knows, can be so easily re-filled, to excess, or, most pernicious of all advice—since it is almost sure to have a ruinous ending—to counsel the purchase and self-using of a hypodermic syringe?

Let each one put this query to himself and weigh well the answer.

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## NOTES ON OPHTHALMIC PRACTICE.

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BY C. M. HOBBY, M. D., IOWA CITY.

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IRITIS—In spite of all that has been written and said, in reference to the use of atropia, in iritis, cases constantly present themselves in which iritis has been allowed to persist for weeks without the use of atropia; under which circumstance we must conclude that there has been a failure on the part of the medical attendant to recognize the iritis. Failure of diagnosis may, perhaps, to a limited extent, be excusable; but failure to use



atropia where iritis is recognized can never be.

There are but two conditions in which atropia can produce any injury, the intolerance of idiosyncrasy, and glaucoma; the first can only be recognized on trial, and is exceedingly rare; the second, belonging, as a rule, to advanced life, should be excluded by testing the visual field.

Unless then the physician is certain that iritis does *not* exist, atropia should be used in every case of redness of the conjunctiva, *and in every case of hem-icrania.*

The general practitioner will find many cases of so-called neuralgia yield to the simple instillation of atropia, and by this routine practice avoid the establishment of iritic adhesions.

**GLAUCOMA**—This painful and calamitous malady is apparently on the increase in Iowa, and I note three grave mistakes in reference to it, wide-spread in the profession, mistakes of so common occurrence that it would seem some reason for their existence could be readily found, but as yet I have been unable to find the source of these errors, which have cost the sight of many people.

First. The globe of the eye is not *enlarged* in glaucoma.

Second. The globe of the eye does not *protrude* in glaucoma.

Third. The pupil of the eye is not *green* in glaucoma, unless the disease has passed through its career to a hopeless termination.

If the facts above stated are borne in mind, the danger of neglecting to exclude glaucoma, in all cases of "neuralgia," in persons above forty years of age, can be understood.

**RHEUMATISM**—The poison which produces rheumatism is capable of producing lesions of the eye; and inflammations of the iris, or of the episcleral tissue, traced to a rheumatic source, either by individual or family history, will be found to yield with great readiness to the internal use of salicylate of soda; 90 to 300 grains given in the course of twelve hours affording complete relief to the pain of iritis, or the discomfort of episcleritis.

**BICHLORIDE OF MERCURY**—Since the

germicide properties of this agent have been established, it is again more frequently used as the active agent in eye-washes. It is well to note that great difference exists in regard to tolerance of this agent, one patient suffering for several hours after the instillation of a solution containing one-fortieth of one per cent, while another will bear readily one of two per cent. The same may be noted in reference to aqua camphoræ.

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## SOCIETY REPORTS.

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### DECATUR COUNTY MEDICAL SOCIETY.

LEON, May 1, 1885.

SOCIETY met at the office of Dr. Van Werden, and was called to order by the president at 10 o'clock A. M.

Owing to the temporary absence of the regular secretary, Dr. Horner was appointed secretary *pro tem*.

The name of Wm. Van Werden was presented to the society for membership and referred to the censors.

The subject of medical legislation next came up for discussion, and was opened by a well-founded and pointed address by Dr. Horner in favor of the same.

Society adjourned until 1 o'clock P. M. when it was called to order.

Wm. Van Werden was recommended for membership by the censors and duly elected.

The subject under discussion during the morning session was earnestly discussed by each member, and the laws regulating the practice of medicine of the various States were presented and their merits discussed. The Kansas law meeting the approbation of most members present, Dr. Van Werden moved that a committee of two be appointed to draft resolutions in reference to the subject under discussion to be presented at the next meeting.

Committee—H. C. Van Werden and J. B. Horner.

No cases were presented or papers read for want of time.

Adjourned to meet Friday, June 12, 1885.

E. W. DOOLITTLE, *Pres.*  
H. R. LAYTON, *Sec.*

## SCOTT COUNTY MEDICAL SOCIETY

DAVENPORT, April 2, 1885.

REGULAR meeting of the Scott County Medical Society, Vice-President Allen in the chair, Dr. Byrne appointed secretary *pro tem*.

Present—Drs. Allen, Baker, Tomson, Bracelin, Cantwell, Crawford, Braunlich, and Byrne.

Dr. A. Radcliffe, of Bushnell, Illinois, and Dr. R. W. Hill, of Iowa City, being present were made members by invitation.

Minutes of special meeting read and approved.

A communication from the Jefferson County Medical Society was read and tabled.

Committee on Credentials reported favorable on the application of Dr. Nichols for membership, who was then elected a member by ballot.

Society then appointed Drs. Kulp, Cleaves, and Bracelin as delegates to the American Medical Convention at New Orleans.

Dr. Baker read part of an essay on umbilical hemorrhage in new born children. Motion carried to request Dr. Baker to finish the essay and return it to the society for publication.

Dr. Radcliffe spoke of a case in his practice where the hemorrhage resisted all treatment, coming not only from the cord but from adjacent tissues, and proved fatal; and said he believed that in case of umbilical hemorrhage there existed a hemorrhagic diathesis which defied treatment.

Dr. Cantwell gave an interesting account of the meeting of the State Board of Health Conference, recently held in New Orleans, and thought the Mississippi Valley was taking active measures against a cholera epidemic that would be of great import.

Considerable discussion then followed as regards the quarantining of school children in scarlet fever epidemics, and over the relations between defective non-sewerage and diphtheria, which is so prevalent here, and as to the treatment of pneumonia.

Society then adjourned.

P. J. BYRNE, *Sec. pro tem*.

DAVENPORT, May, 7, 1885.

MEETING called to order by vice-president Allen.

Members present: Drs. Allen, Braunlich, Byrne, McCowen, Nichols, Preston, French, Crawford, and Hayes.

Minutes of previous meeting read and corrected.

A communication from Jefferson County Medical Society, requesting our cooperation to secure a medical law, was read.

The following delegates were elected to attend the Iowa State Medical Society at Cedar Rapids, May 20, 1885: Drs. W. L. Allen, Jennie McCowen, P. J. Byrne, C. H. Preston, Stella B. Nichols, J. P. Crawford.

The delegates were instructed to make an effort to secure the enactment of a law, regulating the practice of medicine as proposed, and to urge the state society to make it an issue.

On account of the long absence of the secretary, Dr. Maxwell, the secretary *pro tem*., was instructed to communicate with him and request him to notify the society when he would return.

A very interesting discussion followed on the subject of cocaine.

Dr. Allen applied the Oleate in Neuralgia.

Dr. Hazen gave some interesting facts from his experience, especially from its use in Iridectomy, he found no benefit from its use in enucleation; in the removal of foreign bodies, and in the removal of the Crystalline lens it was excellent; in Glaucoma it was satisfactory. He had never used it about the ears.

Dr. Braunlich had used it in the extraction of a hollow tooth where the nerve was exposed; no pain was experienced by the patient.

Dr. French stated, dentists say that no benefit was derived from its use, and that Aconite and Iodine were preferred. He had seen a case of circumcision which was unaccompanied by pain.

Dr. Nichols was requested to prepare a paper for the July meeting.

P. J. BYRNE, *Sec. pro tem*.



## THE MEDICAL ASSOCIATION OF NORTHERN IOWA.

MASON CITY, May 4, 1885.

THE seventh annual session of this association was held in the Dyer House parlors, May 4, 1885.

Dr. A. L. Wheeler, first vice-president, called the meeting to order.

The following gentlemen responded to roll-call: Drs. A. L. Wheeler, T. M. Blythe, S. H. Washburn, N. L. Kean, H. R. Irish, and J. C. Wright.

After reading and approving of the minutes of the previous meeting and transacting some other society business, Dr. G. T. Nelson, of Northwood, a graduate of Rush Medical College, was duly elected to membership.

Officers elected for the ensuing year are:

President—Dr. E. C. Miller, of Rockwell.

First Vice-President—Dr. A. L. Wheeler, of Mason City.

Second Vice-President—Dr. T. M. Blythe, of Mason City.

Treasurer—Dr. N. L. Kean, of Northwood.

Secretary—Dr. J. C. Wright, of Clear Lake.

Censors—Drs. S. H. Washburn, of Mason City; G. T. Nelson, of Northwood; H. R. Irish, of Forrest City.

Dr. Wheeler reported a series of cases of fistula in ano, successfully treated by laying open the fistula and packing with iodoform and absorbent lint; also a list of cases of habitual constipation, treated with small doses of aloin, nux vomica, and belladonna.

Dr. Wright reported a case of malignant growth situated in the soft palate, and also under the right eye of the same patient, which was variously diagnosed by members present, some calling it cancer or cancerous(?) others scrofula or tuberculous, and still others Norwegian leprosy.

Dr. H. R. Irish presented and read a well written report of a case of opium addiction successfully treated by the gradual diminishing of the dose.

These reports were all followed by animated and edifying discussion.

The question of a special meeting to be held at Clear Lake some time during the summer was left with the secretary and Dr. J. B. Charlton to arrange.

The meeting then adjourned *sine die*.

E. C. MILLER, *Pres.*

J. C. WRIGHT, *Sec.*

## DUBUQUE COUNTY MEDICAL SOCIETY.

DUBUQUE, May 5, 1885.

THE Dubuque County Medical Society met in regular session on April 14, 1885, and adopted the following resolution:

*Resolved*, That the Dubuque County Medical Society favors such action by the State Legislature as will secure to the citizens of Iowa, that all persons persons practicing medicine or surgery within the limits of the State shall be properly qualified and educated.

J. F. MCCARTHY, *Sec.*

## KEOKUK COUNTY MEDICAL SO- CIETY.

SIGOURNEY, May 5, 1885.

The annual meeting of the Keokuk County Medical Society met in Sigourney, May 5, 1885, at 1 P. M.

Members present Drs. Cook, Richardson, McWilliams, Quinn, Sherlock, Eckley and Auld.

Minutes of last meeting read and approved.

Dr. W. S. Parks was admitted as full member of this society.

After the ordinary routine of business, the subject of Medical Legislation was taken up and the following resolutions were unanimously adopted. "The Keokuk Medical Society favoring legal regulations in the practice of medicine in the State of Iowa, will therefore instruct their delegates to the state society to urge that body to take all necessary measures to present this question to the state legislature at its regular session, and request that honorable body to take appropriate action on the same."

A case was presented by Dr. Richardson: Child having shortening of one lower limb with slight curvature of spine. Examination followed by general

discussion with suggestions of different methods of treatment.

Dr. Cook presented a case of Orchitis which was very interesting.

Election of officers for the coming year as follows: Dr. Quinn, president; Dr. W. S. Parks, vice president; Dr. J. M. Auld, secretary; Dr. T. B. McWilliams, treasurer. Drs. Sherlock and Hamilton, censors.

Delegates to the State Medical Society to meet at Cedar Rapids, May 20, 1885, as follows: Drs. E. Quinn, J. M. Auld and C. B. Chickster.

Following the election of officers was the annual address by Dr. Richardson, the retiring president.

Adjourned to meet at Hedrick on the second Tuesday of July.

E. QUINN, *Pres.*

J. M. AULD, *Sec.*

#### IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, May 1, 1885.

Movement of population for April:

	Men	Women	Total
Remaining March 31, 1885.	357	281	638
Admitted, curable cases ...	2	3	5
Admitted, incurable cases..	17	5	22
Whole number treated...	376	289	665
Discharged, recovered .....	2	2	4
Discharged, improved.....	3	1	4
Discharged, unimproved...	3	0	3
Discharged, died.....	5	1	6
Remaining April 30.....	363	285	648

Yours respectfully,

GERSHOM H. HILL, *Supt.*

#### IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, May 1, 1885.

Movement of population for April:

Present, April 1.....	260
Admitted during April.....	4
Discharged during April.....	0=264
Died during April.....	1
Present, April 30.....	263

F. M. POWELL, *Supt.*

#### IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, May 1, 1885.

Report for April:

	Men	Women	Total
Remaining March 31 .....	259	219	478
Admitted in April.....	18	14	32
Returned from visit.....	1	1	2
Total under care in the month.....	278	234	512
Discharged during month..	7	9	16
Daily average.....	268	222	490
Discharged, recovered.....	3	3	6
Discharged, improved.....	2	5	7
Discharged, unimproved...	0	0	0
Discharged, died.....	2	1	3
Remaining April 30 .....	271	225	496

H. A. GILMAN, *Supt.*

#### SOLDIERS' ORPHANS' HOME.

DAVENPORT, May 1, 1885.

Movement of population for April:

Present, April 1 ... ..	277
Admitted during April.....	19=296
Discharged during April.....	16
Remaining April 30.....	280

Of these 132 were girls and 148 boys.

Respectfully,

S. W. PIERCE, *Supt.*

#### MEDICAL COLLEGES.

Minnesota has taken the lead in higher medical education. The medical department of its State University requires a four-years' course, and the final examinations are so rigid that out of fourteen applicants only two were able to pass. What other school can make so good a showing?

When a poor medical college feels particularly poor, it opens its doors to women.—*Medical Record.*

The irrepressible Dr. Buchanan, of bogus diploma notoriety, has been at his old business again. A few weeks ago he was tried and convicted, in Philadelphia, with his accomplice, who said that her assumed title, "M. D.," only meant "Money Down."



THE  
Iowa State Medical Reporter.

DES MOINES, MAY, 1885.

EDITORIAL.

"MEDICAL LEGISLATION."

AFTER this time, the flag, medical legislation, will be taken in, and our readers will have a rest, for several months. It is not taken in because the subject has been abandoned, or the object fully accomplished, but, because it is policy to do so, and because agitation has accomplished its share of the work, and the balance of the work, yet to be done, can be accomplished better in a quiet way.

A short review of the difficulties overcome, and the work accomplished by the friends of medical legislation, and its present status, is in order. Upon the authority of some of the older members of the profession, about thirty years ago an attempt was made to obtain legislation requiring qualification of those who practice medicine and surgery, but too much ridicule, too much individuality, and too little harmony, direct opposition among the ranks of the regular profession and opposition without, and failure to use the influence that they had, have, from time to time, made all attempts result in failure. Latterly, the efforts have become more determined, each one being a little stronger, and combining more of the necessary elements of success. The opposition has not been idle, there has been a corresponding growth. Six years ago there was a more determined effort; the legislators considered this subject in a more serious manner. The moral effect of statutory regulations in other states was furnishing additional influence. Four

years ago the improvement was slight. Two years ago, had there been concerted action among the profession, or an unanimous or general endorsement of the bill, there would have been no difficulty in its final passage, although there was a strong organized opposition. The defeat it met at that time, and the general stirring up the subject received from the press of the state, from the auxiliary and state societies of the different schools have gradually brought about a unity in feeling, that, as we cannot hope to get the best, we should unite and get the best we can.

A few months prior to the late meeting of the State Society, some of the active friends of medical legislation made a personal canvass among the profession of the state. The responses were generally favorable, there being not more than three or four per cent opposition and that, mostly indirect, came more from the discouragement of past failure.

At the meeting of the State Society there was a determined effort among a very large majority to press a formal action and to get, if possible, an unanimous agreement upon some method of concerted action. This determination was backed by individual pledges and by the official action of many of the auxiliary societies.

By an unanimous vote, resolutions were passed providing, in substance, for an executive committee, with instructions to frame a bill, with the legal assistance to provide for the legality of its form and technicalities, that shall require all who practice medicine and surgery and its allied branches to be graduates of legally organized schools, or to be in active practice for five consecutive years prior to the enactment of the bill, that shall make the penalties fine and imprisonment, and that shall make

the State Board of Health the power to determine the right to practice under this act.

The resolutions also provide for a method to obtain concerted action of personal influence.

The executive committee is now taking steps to carry out the will of the society and the profession. Individual members will hear from this committee from time to time.

At the meeting of the Hahneman Medical Association of Iowa, just closed, a resolution providing for delegates and co-operative action was unanimously passed. There is reason to suppose that at the meeting of the Iowa State Eclectic Medical Society, to be held at Grinnell, next June, like resolutions will be passed. Thus we see that the old difficulty, diversity of opinion, is now in a fair way to be overcome, the most important steps having been taken.

The REPORTER has personal knowledge of the situation, and believes that the remaining difficulties will be easily overcome. In order that this work may be made as easy as possible to the executive committee, the REPORTER earnestly requests that each member of the regular profession, who has received a letter of inquiry, and has not yet answered the same, will reply at his earliest convenience.

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#### EDITORIAL NOTES.

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THE delay in getting out this number of the REPORTER was not due to any fault of the editorial staff.

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A good deal of matter has been crowded out of this number for want of space, and those who kindly furnished any part of it, and have not yet heard from us, may expect to see their copy in print in the next number.

THE late meeting of the Iowa State Medical Society was very successful. A full report of the proceedings, with comments, will be found in our next number.

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BEGINNING with volume III the REPORTER will be enlarged to thirty-six pages of reading matter, set in book form. It will be printed on the same size paper as the current volume and in one size larger type. Its typographical appearance will be greatly improved.

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THE original article, "Pulpless Teeth," is published because it has real merit and presents the views of a member of one of the allied branches of medicine—dentistry. The doctor, in his paper, differs somewhat widely from those of our profession who have directly or indirectly treated this subject. While not prepared to accept all the article contains we present it to our readers believing that it contains many valuable ideas.

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MURIATE OF PILOCARPINE IN HICCUGH.—The unpleasant and lasting sequellæ which sometimes follow the exhibition of pilocarpine have, to a great extent, prevented its coming into the general use which its known virtues would seem to guarantee it. There are some complaints, however, so very distressing that the patient is willing to take almost anything that promises relief. One of these is obstinate singultus, or hiccough. A case of unusual obstinacy was recently brought to the notice of the writer. The hiccough had persisted in spite of every effort to subdue it for over forty-eight hours when seen. It was promptly relieved by a hypodermic injection of  $\frac{1}{4}$  grain of muriate of pilocarpine. Except a profuse perspiration lasting a comparatively short time no unpleasant results followed.

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Dr. Lewis A. Simpson has been elected to the chair of anatomy in the place of the late Prof. Darling.



# IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

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No. 10.

## SOCIETY REPORT.

### THE THIRTY-THIRD ANNUAL MEETING OF THE IOWA STATE MEDICAL SOCIETY.

CEDAR RAPIDS, May 20, 1885.

#### FIRST DAY—FIRST SESSION.

Meeting called to order at 10:20 by the president, Dr. H. C. Huntsman, Oskaloosa.

Preceding the business of the Society, Rev. E. E. P. Abbott, Cedar Rapids, offered a prayer, and the president made a short address in which he said: I trust our sessions will be pleasant, harmonious, and profitable; and that each member will study the interest of the body at large, by individual contribution to order and necessary quiet while papers are being read and discussed, so that, in view of the limited time, we may progress as rapidly as it is profitable.

The secretary, Dr. J. F. Kennedy, Des Moines, desired all permanent members, who were sent as delegates, to register as permanent members and not as delegates, in order to prevent complication.

Dr. C. M. Hobby, Iowa City, for the committee on arrangements, reported that as far as possible the registration was being conducted as suggested.

Dr. W. Watson, Dubuque, could see no reason why a delegate from his local society, could not choose as to the manner of his signing. The fact that it confused the secretary's books, unless proper arrangements were made, should be no reason for debaring. The secretary replied that it would be a source of confusion, not only to him, but also, to the treasurer.

The committee on arrangements presented the name of Dr. S. R. Hewitt, Charles City, for membership by invitation. On vote, received.

The committee on arrangements presented a communication, setting forth that a society, embracing eclectics, homeopaths, and irregulars, as members,

would come, seeking representation to the State Society. On motion, the matter was referred to committee on ethics.

Upon inquiry it was found that the majority of the members of the committee on ethics was absent; therefore, Dr. T. J. Caldwell, Adel, advised filling the vacancies on the committee at once. The whole matter was finally postponed until the afternoon session.

The minutes of the last meeting were read only in part, as they were already printed.

Dr. W. Watson, Dubuque, moved to adopt and approve minutes without reading. Carried.

Dr. G. P. Hanawalt, Des Moines, on behalf of the committee on arrangements, requested members having papers to read, to report to the chairman of their section.

Dr. F. E. Cruttenden, Des Moines, presented some resolutions, saying, that he wished to bring before the Society a matter that had been brought up a number of times before—medical legislation. Before presenting his resolutions, he wished to say that he believed the former attempts had been failures, not from lack of interest of each member, but because they did not individually use their influence.

The secretary read the resolutions, which are as follows:

That the president of the Society appoint a committee of five to select a representative committeeman from each assembly district of the State, to look after the assemblymen of his district, and that this committee of five report before the close of the present session.

That the president appoint a committee of three, whose duty it shall be to confer with delegates from county and district societies, and to prepare a bill for presentation at the next session of the legislature.

Dr. J. F. Kennedy, Des Moines, moved that Dr. F. E. Cruttenden be appointed chairman of a special committee, to whom should be referred papers on med-

ical legislation, now in the hands of the committee on arrangements.

Dr. W. Watson, Dubuque, requested to know whether it was intended for the committee of five, or the committee from each assembly district, to report before the close on the present meeting.

Dr. F. E. Cruttenden, Des Moines, said the first resolution might be construed to give the idea that it was intended for the committee, from each assembly district, to report; such, was not my intention. I would move, as an amendment, that the president be requested to appoint the committees of five, and three, at the afternoon session.

Dr. T. J. Caldwell, Adel, moved that Dr. F. E. Cruttenden's resolution be received and adopted. Carried.

Dr. T. J. Caldwell, Adel, then said: as the resolutions are adopted I suppose it would not be in order to discuss them, but I wish to say a few words in regard to the first resolution. Having had some little experience, I find the difficulty is with the profession, and not the legislators. No matter how carefully the bill is framed, there are some doctors who write to their representative, making objections to the bill. The only way, to get a bill passed, is to have the different societies, regular, eclectic, and homeopathic, unite on a bill and then help it along; and to have individual members stop writing to the representatives, making objections because it is not framed just as they want it. The legislators are willing to pass a bill, when it comes to them with the endorsement of the different State societies.

Dr. G. P. Hanawalt, Des Moines, moved to reconsider the adoption of the resolutions so the matter could be discussed. Carried.

Dr. F. E. Cruttenden, Des Moines, said he believed that that which Dr. T. J. Caldwell had said was true. The fault does not lie with the will of the profession, but in the difference of their ideas. Out of a large correspondence, eleven hundred letters, only six were unfavorable to a medical law.

Dr. J. Williamson, Ottumwa, said a bill carefully prepared under the supervision of Senator Wilson would be presented to the Society.

Dr. J. F. Kennedy, Des Moines, thought the best way to handle the subject was to appoint a special committee on medical legislation, to whom should be referred all papers relating to that subject.

A motion was made to appoint Dr. T. J. Caldwell, Adel, as chairman of such committee.

Dr. T. J. Caldwell, Adel, suggested the name of Dr. F. E. Cruttenden, as

chairman of the committee, and said he would be willing to serve on the committee with him.

Dr. F. E. Cruttenden Des Moines endorsed Dr. T. J. Caldwell for chairman.

Finally, on motion, the president was requested to appoint a committee of five, to whom all papers, relating to medical legislation, be referred. Said committee to report some time to-morrow.

Dr. S. Thompson, Toledo, was, on motion, elected a member by invitation.

The secretary read the following report of the committee on revision of the constitution and by-laws. This report was prepared but not acted upon at last meeting, from lack of time.

*To the Iowa State Medical Society—*  
We recommend, as a substitute, for section 6, article 5, of the constitution, the following:

A board of trustees consisting of six members shall be elected. Two members elected yearly, shall hold office for a term of three years, and must be residents of different congressional districts. The trustees shall hold the bond of the treasurer and have general supervision of the affairs of the Society, not otherwise provided for. At the request of the majority of the members, the president may call a special meeting or change the time of holding the annual meeting of the Society.

Also, that article 9, be amended by adding, "there shall be a standing committee of three, upon State Medicine, and one, upon Diseases of the Mind and Nervous System, in the list of standing committees;" and at the close of this article, "a committee on revision of the constitution and by-laws shall be appointed each year, to whom shall be referred any proposed change or any amendments."

W. S. ROBERTSON.

J. WILLIAMSON.

J. F. KENNEDY.

Dr. J. W. Smith, Charles City, said he was very much in favor of the amendments and that they would put matters in a more definite shape.

Dr. J. F. Kennedy, Des Moines, said that in the absence of the chairman, he would move the adoption of the first recommendation of the committee. Seconded.

Dr. W. Watson, Dubuque, objected; thought that with an even number of trustees some difficulties might arise.

On vote Dr. Kennedy's motion was carried.

Dr. J. F. Kennedy, Des Moines moved the adoption of the second recommendation. Seconded by Dr. A. L. Worden, Des Moines.

Dr. W. Watson, Dubuque, also objected to this, was decidedly opposed to the



clause providing for the appointment of a committee on constitution and by-laws each year, on the ground that it would consume too much valuable time.

Dr. J. Williamson, Ottumwa, explained the object of the committee, to cut off discussion, and likened it to a waste basket.

On vote, motion was carried.

The resolution of Dr. D. Scofield, having lain over one year, according to constitution, was brought up for action. The resolution is as follows:

*Resolved*, First, That no delegate shall be received from a local or district society, when there is a regularly organized county society in that section. Second, That all auxiliary societies shall report, between the first and last day of January of each year, a roster of officers and members, requirements for membership, and an epitome of work done so that the committee of arrangements can have some data in which to judge of the actual working status of said societies.

Dr. J. W. Smith, Charles City, desired to know what Dr. D. Scofield meant by the first clause.

Dr. W. Watson, Dubuque, said, while we desired to foster organizations in all counties, yet we desired to keep clear of local questions. They should be settled at home. In regard to the second section he said the State Society had a right to demand some report, from which the committee on arrangements could form an idea of the working status of the local societies.

Dr. O. T. Gillette, Iowa City, asked for information. He said it looked to him as if part of Dr. D. Scofield's resolutions would prohibit representation from hospitals in counties where there are no county societies.

Dr. J. T. Priestley, Des Moines, said the resolutions, if passed, would be an injustice. In cases where there are two large towns in a county, the physicians in each town might organize a good society, and yet not be entitled to representation, unless members of a county society. Again, a physician may belong to a society which he can attend from year to year without deriving benefit, and yet if he and his companions organize a society that will be a benefit to them, outside of a county society, they will have no representation.

Dr. D. Macrae, Council Bluffs, stated that the item for non-representation from hospitals was the only portion that he was in favor of. The physicians in charge may be regular or not, within ten years.

Dr. J. M. Emmert, Atlantic, said, in behalf of district societies, that it would be an injustice. In the western part of the State several counties were not strong

enough to sustain a county society and therefore organized in districts. The resolutions would destroy the old and they were not strong enough for the new. I move that the first section be laid on the table. Seconded.

Dr. T. J. Caldwell, Adel, said that it was impossible to send a part of the resolution to the table.

Dr. D. Scofield, Washington, being absent, a motion was made, and carried, to postpone the subject until evening session.

Dr. G. F. Jenkins, Keokuk, moved to adjourn. Seconded.

The President announced the committee on Medical Legislation as follows: Dr. T. J. Caldwell, Adel; Dr. F. E. Crutenden, Des Moines; Dr. J. Williamson, Ottumwa; Dr. W. Watson, Dubuque; Dr. J. M. Emmert, Atlantic.

The secretary read an invitation from the Hon. T. Parvin for the society to visit the Masonic Library. The communication was referred to the committee on arrangements with a request that they assign an hour for the visit.

Meeting adjourned 12:20 p. m.

#### FIRST DAY—SECOND SESSION.

Meeting called to order at 2:05 p. m.

In the absence of the vice-presidents, Dr. T. J. Caldwell, Adel, took the chair, introduced the president, Dr. H. C. Huntsman, Oskaloosa, who then delivered his annual address.

Dr. J. F. Kennedy, Des Moines, moved that the address be referred to a committee of three. Carried.

Drs. H. A. Gilman, Mt. Pleasant; J. Williamson, Ottumwa; and C. W. DeMotte were appointed as a committee on the president's address.

Dr. A. W. McClure, Mt. Pleasant, being the only member present of the committee on ethics, he was appointed chairman. The vacancies were filled by Drs. D. Scofield, Washington; W. Watson, Dubuque; G. F. Jenkins, Keokuk; and J. Williamson, Ottumwa.

Dr. G. P. Hanawalt, Des Moines, chairman of section on medicine, made his report, in which among other subjects he called attention to cholera, the use of anti-septics and water, serious inflammations and fevers, inoculation, and the internal administration of cocaine.

On motion, the paper was received by the Society.

Dr. J. T. Priestley, Des Moines, thought cocaine had a large field. He had some very good results, and some, not so favorable. In his practice, among other purposes, he had used it in the urethra when passing sounds; he could not report a relief from pain, to any great degree; on one or two occasions, the sound did not hurt very much; used a four per cent solution, three or four applications. In



chronic pelvic cellulitis, used a four per cent solution, painted the mouth of the womb, cervical canal, and wall of the vagina; three or four applications, two or three minutes apart; relieved pain entirely, from thirty-six to forty-eight hours.

Dr. E. H. Hazen, Davenport, said he had opportunity to use cocaine in operations of the eye. In cataract, strabismus, glaucoma, and pterygium had very pleasing success. Had one failure in pterygium. As a general thing uses four per cent solution.

Dr. L. C. Swift, Des Moines, used cocaine in minor surgery. Removed, under its influence, an epithelioma from the lips of a woman. Used a four per cent solution; injected from seven to ten minims at intervals of four or five minutes, waiting fifteen minutes between injections. In this case, used two injections. Removed epithelioma of tongue; painted superior surface, between root and apex. The operation gave no particular pain, simply discomfort. Took out entire growth with artery forceps, and cauterized with nitric acid. Used injection cocaine in stricture of urethra; passage of sound gave severe pain. Use it in two cases of hemorrhoids. In the first, there were five distinct tumors, a single injection of six, and eight minims not being sufficient, I gave ether. In the second, injections used in the same way, gave all the anesthesia required.

Dr. D. Macrae, Council Bluffs, stated that he had used cocaine in the case of an opium eater, in doses of a few drops, three or four times a day, not at regular intervals, but when the craving took place. For about six weeks, the patient used no opium but like the majority of opium eaters, returned.

Dr. H. D. Ensign, Boone, uses externally a four per cent solution in cases of burns and scalds; states that it is very satisfactory, relieving pain in from three to five minutes.

Dr. E. H. King, West Liberty, said that in cases of obstinate vomiting in pregnancy four or five drops will secure immunity, for twenty-four hours.

Dr. J. T. Priestley, Des Moines, moved to refer the paper to committee on publication. Carried.

Dr. C. F. Darnall, Walnut, read a paper on Rupture of the Spleen from a Phlebolite, and Consequent Death.

On motion of Dr. J. M. Emmet, Atlantic, the paper was received.

Dr. G. P. Hanawalt, Des Moines, said he considered Dr. C. F. Darnall deserved a great deal of credit for presenting the paper; that the literature on the subject is very scarce.

Dr. J. M. Emmert, Atlantic, vouched

for the finding of the phlebolite. He was present at the post mortem, when the phlebolite was found. Dr. C. F. Darnall has taken the idea, and I believe correctly, that this started from a splenic apoplexy.

Dr. J. W. Smith, Charles City, said the death of patient must have been caused by loss of blood, shock, or peritonitis.

Dr. J. M. Emmert, Atlantic, and Dr. C. F. Darnall, Walnut, said there was no doubt but that the patient died from shock.

On motion of Dr. J. F. Kennedy, Des Moines, the paper was referred to committee on publication.

The president commended the paper, both for the manner in which it handled the subject and the newness of the subject itself.

Dr. Rosa M. Upson, Marshalltown, presented a paper on Scurvy; in which she gave a detailed and yet concise report of a case under her care.

On motion of Dr. C. M. Hobby, Iowa City, the paper was received.

Dr. C. M. Hobby, Iowa City, said he was very much interested in the paper. He would say that the case was one of scurvy. Two or three years ago, he saw two cases of similar character. Both cases responded to treatment and in forty-eight hours there was a decided improvement.

Dr. J. W. Smith, Charles City, reported three cases of Scurvy, which was, as usual, caused by poor diet and hygienic surroundings.

On motion of Dr. D. Macrae, Council Bluffs, the paper was referred to committee on publication.

Dr. L. C. Swift, Des Moines, read a paper on Spinal Irritation as a Distinct Affection. Citing a case as an illustration.

On motion of Dr. D. W. Crouse, Waterloo, the paper was received.

The committee on ethics reported in favor of admitting Drs. S. W. Moorehead, E. C. Groves, and W. N. Green, Webster City, as delegates. On vote, they were elected.

On motion, Dr. J. F. Will, Webster City, was elected a member by invitation.

On motion of Dr. G. P. Hanawalt, Des Moines, the paper by Dr. L. C. Swift was referred to committee on publication.

Dr. G. F. Jenkins, Keokuk, presented a paper on Contagiousness, Treatment, and Prophylaxis of Scarlatina, in which he stated that he did not believe in the spontaneity of scarlet fever, but thinks it is the result of the specific germ that is always present; does not believe in belladonna; and advises complete isolation; all other prophylaxis secondary.

Dr. D. W. Crouse, Waterloo, regarded scarlet fever as a very important subject,



and a very formidable disease to get rid of. He desired to know what course the physician should pursue to protect himself, and family, and the families of other patients.

Dr. G. F. Jenkins, Keokuk, said his plan when attending patients with contagious diseases was to avoid touching the patient except with his hands, and the bed with his clothing; washes his hands in a disinfectant, and changes his coat.

Dr. J. T. Priestley, Des Moines, stated that he did not believe in contagiousness of scarlet fever and cited several cases.

Dr. J. W. Smith, Charles City, said he did not see that carbolic cosmoline was any better to rub over the body than what our German friends use—pork. He was more in favor of cool sponging, than warm; and thought scarlet fever should be under police supervision.

Dr. J. F. Kennedy, Des Moines, said, up to the present time, I have not had quite as much confidence in the contagiousness of diphtheria and scarlet fever as have many of my professional brethren. Dr. G. F. Jenkins has fixed the period of incubation at from twenty-four to thirty-six hours; in a great many cases there is exposure weeks and months back, and yet they are inclined to trace it to that. It is very difficult to fix incubation. There is only one physician in Des Moines, as far as I know, who takes great care in disinfecting himself, and the disease follows him as much as the others. There must be something beside contagion. Dr. Snow, Providence, reports forty cases of pure scarlet fever in thirty-six hours.

Dr. A. W. McClure, Mt. Pleasant, said it was his experience in scarlet fever that it is contagious. Why one member of a family gets it and the other part does not, I do not know. Cholera and small pox may take a part and leave a part of a family. The mass of evidence is in favor of contagion, it can be carried especially during the period of desquamation.

Dr. Rosa M. Upson, Marshalltown, reported her experience with scarlet fever, which would tend to support the theory of contagion.

Dr. D. Scofield, Washington, thinks the danger from contagion is very low. There are nineteen cases from infection to one from contagion. The infection may stay in a house for a long time. My idea of contagion is that it is volatile, but infection is more durable.

Dr. J. H. Hutchins, Hampton, considered scarlet fever epidemic as it would come first in one direction and then another, without one family having contact with another.

Dr. G. E. Crawford, Cedar Rapids,

carried scarlet fever to his own family eight years ago, and therefore believes in contagion.

Dr. John North, Keokuk, defined contagion. His definition was the reverse of Dr. Scofield's.

Dr. J. W. Finarty, Knoxville, took exception to the condemnation of belladonna. He said, in Knoxville, the regular profession use belladonna as a prophylactic with good results.

Dr. W. Watson, Dubuque, differed with Dr. Finarty as to benefit of belladonna. In one case belladonna was given and patient died in thirty-six hours.

Dr. G. F. Jenkins, Keokuk, in closing the discussion, said he had investigated the words infection and contagion and was satisfied there was but one way to treat them—as synonymous; that scarlet fever was not produced by filth; that he never uses the thermometer in the mouth; that belladonna is not good; and that complete isolation is the *primary* prophylactic.

On motion of Dr. D. W. Crouse, Waterloo, the paper was referred to the committee on publication.

The president desired members present from each congressional district to get together and elect their member of the nominating committee.

The secretary read an announcement from Dr. C. H. Lothrop, Lyons, stating that the revised edition of his Medical and Surgical Directory of Iowa, would be ready early next spring.

Dr. A. B. Reed, Cedar Rapids, invited the society to visit St. Luke's Hospital at their convenience.

On motion of Dr. G. P. Hanawalt, Des Moines, adjourned at 5:45 p. m.

#### FIRST DAY—THIRD SESSION.

Meeting called to order at 8 p. m.

The secretary announced the Nominating Committee composed of Drs. H. A. Gilman, Mt. Pleasant, First District; E. H. King, West Liberty, Second District; S. N. Pierce, Cedar Falls, Third District; D. S. Brainard, Stacyville, Fourth District; C. C. Griffen, Vinton, Fifth District; J. Williamson, Ottumwa, Sixth District; G. P. Hanawalt, Des Moines, Seventh District; P. W. Lewellen, Clarinda, Eighth District; F. S. Thorne, Ninth District; D. S. Fairchild, Ames, Tenth District; G. W. Beggs, Sioux City, Eleventh District.

Dr. D. Scofield, Washington, brought up his amendment, slightly altered. He said the constitution had been repeatedly changed until it was very hard to superintend the delegates, sometimes societies organized at the place of meeting of the State Society and elected their delegates. He also said there was double representation in some counties and



that there might be treble representation if there was a hospital and a county society in a county, and a district society, which embraced the county in its territory.

Dr. E. H. King, West Liberty, moved the substitute be adopted.

Dr. E. H. Hazen, Davenport, thought that gentleman of the state who are regular graduates should be welcome in this Society, and he was opposed to it.

Dr. J. W. Smith, Charles City, said we were progressing very slowly, and that he would move to postpone the matter.

Dr. E. H. Hazen, Davenport, moved that a committee of three, of which Drs. D. Scofield, Washington, and W. Watson, Dubuque, be members, report the standard of societies which send delegates to this Society.

Dr. F. E. Cruttenden, Des Moines, said an amendment to this resolution at this time must necessarily defer action on the resolution for one year.

On motion of Dr. G. F. Jenkins, Keokuk, the entire matter was tabled.

The Committee on President's Address presented the following report, which was adopted:

Your committee, to whom was referred the president's address, beg leave to report that the address is one that commends itself to the approbation of this society in its moral and humanitarian aspects, but would respectfully submit that the question, as to the place which alcohol is to hold as a therapeutic agent, is one to be decided by the experience of the profession while bearing in mind its baneful effects when not prudently administered.

H. A. GILMAN.  
J. WILLIAMSON.  
C. W. DEMOTTE.

Dr. T. W. Shearer, Des Moines, presented a paper on The Metabolisms of the Animal Body.

On motion of Dr. T. J. Caldwell, Adel, the paper was received.

Dr. E. H. Hazen, Davenport, asked whether Dr. T. W. Shearer would prescribe nitro muriatic acid in oxaluria.

Dr. T. W. Shearer, Des Moines, replied the proper way to treat the case would be with solvents.

Dr. J. North, Keokuk, would use nitro muriatic acid.

Dr. D. Macrae, Council Bluffs, moved to refer the paper to the committee on publication. Carried.

Dr. E. H. Hazen, Davenport, presented a paper entitled, Should Officers of Boards of Health be *Practicing Physicians*?

The paper produced a sensation and a warm discussion; the latter was entered into by Drs. G. F. Jenkins, Keokuk; D. W. Crouse, Waterloo; C. M. Hobby,

Iowa City; John North, Keokuk; W. F. Peck, Davenport; and T. J. Caldwell, Adel, on the one side, and the author on the other.

In the discussion Dr. Hazen was invited to explain his position, it being unsatisfactory, upon motion of Dr. T. J. Caldwell, Adel, the paper was referred back to its author, with the privilege to publish over his own signature.

#### SECOND DAY—FIRST SESSION.

Meeting called to order at 9 a. m. by the president.

Dr. M. J. Hyde, Brandon, was on motion made a member by invitation.

Dr. W. S. Robertson, Muscatine, made a report on Health in Our Public Schools.

On motion the paper was received.

Dr. A. W. McClure, Mt. Pleasant, said he had been on the school board sixteen years and that he could heartily endorse the paper. He thought the paper should receive the endorsement of the Society and then be printed and copies sent to the teachers and school boards of the State.

Dr. Jennie McCowen, Davenport, wished to call attention especially to starvation of some of the children sent to school. Also to call attention to the lack of physical exercise available for girls at school. The boys have their gymnasium and drills, but the girls have not.

Dr. W. H. Davis, fraternal delegate from the Virginia State Medical Society, being present, was, on motion of Dr. T. J. Caldwell, Adel, received, invited and escorted to a seat on the platform and introduced to the President, who introduced the Doctor to the Society.

Dr. W. H. Davis, in response, made a short but pleasing address, in which he said: I rejoice in the realization of the fact that in our profession there is no south, north, east, or west, and that we may come from any part of the world, and be recognized as brothers and co-workers in the interest of the noble profession whose object is to alleviate human suffering and lengthen human life.

Dr. T. J. Caldwell, Adel, reported that the committee on medical legislation had made some progress and requested further time. Granted.

Dr. E. H. Hazen, Davenport, said that Dr. W. S. Robertson in his paper had shown many evils, but had advised no remedies.

Dr. A. Reynolds, Clinton, said a boy of from six to sixteen years could pursue the curriculum of our schools and go through without any great expenditure of nervous force. On one hand there is a little starvation and over-



work, and, on the other hand, too much pampering.

Dr. G. F. Jenkins, Keokuk, reported good effects from the distribution of the resolutions of the Committee on School Hygiene passed last year. A new school house built in Keokuk was built in accordance with the principles contained in the resolutions.

Dr. W. Watson, Dubuque, reported that competition for prizes in the city had been discontinued. He considers nutrition a very important item.

Dr. F. E. Cruttenden, Des Moines, said he was interested in Dr. W. S. Robertson's paper from beginning to end. It occurred to him that part of the trouble was the social influence. Parents are apt to consider their children smarter than others, and would therefore encourage and force them to work for social distinction. This combined social, and school stimulating produces a greater strain than they can bear. Myopia is not the most prevailing error in refraction—hypermatropia and astigmatism are more frequently met with in school children in Iowa.

Dr. A. W. McClure, Mt. Pleasant, moved the paper be referred to committee on publication with the request that they have it published and placed in the hands of teachers, superintendents, and officers of schools. Seconded.

The president, said the medical profession could mould public opinion on question of school hygiene, and thought Dr. W. S. Robertson's paper was worthy of endorsement.

On vote, Dr. A. W. McClure's motion was carried.

Dr. G. P. Hanawalt, Des Moines, moved that the secretary draw warrants for \$10 for Dr. A. C. Simonton, for assisting the Committee on Publication; \$7.25 for stationery; and \$1.25 express charges. Carried.

Dr. J. M. Emmert, Atlantic, presented a paper on Immovable Dressing in the Treatment of Compound Fractures, in which he strongly advocated the use of immovable dressings, and said he considered the universal adoption only a question of a little time. By using this dressing we make a compound fracture nearly a simple fracture. In reporting his case the Doctor drew from the bad, as well as the good results.

Dr. D. Macrae, Council Bluffs, moved the paper be received. Carried.

Dr. W. F. Peck, Davenport, said the paper is a good one because it relates to personal experience, and at the same time invites the attention of the members to a mode of treatment which is an improvement on the old method. Notwithstanding the Doctor's very favorable experience, there is another side to

the question. Where the surgeon lives eight or ten miles in the country and there is no trained nurse attending the patient, or one who knows when to call the surgeon, I consider the Bavarian dressing very dangerous, as the incarceration of the limb may stimulate inflammation, which, unless the dressing is promptly removed, may result in the loss of the limb. The dressing should be used with the greatest caution, lest injurious results follow. The Doctor cited some cases.

Dr. H. L. Getz, Marshalltown, described his method of applying immovable dressing, using a roller bandage.

Dr. R. A. Dunkelberg, Denver, wished to know what objection Dr. H. L. Getz had to a many tailed bandage instead of roller bandage.

In reply, Dr. H. L. Getz said he was not particular which was used.

Dr. E. F. Clapp, Iowa City, said he did not think Dr. J. M. Emmert had selected his case, but I think we are all apt to report our successful cases and fail to report our disastrous. Inflammation is induced and continued by plaster of paris dressing, although it might be so with other dressings. There is more danger, I think, of non-union by using plaster of paris than with splints. I should like, sometime, a report of more cases.

Dr. J. W. Smith, Charles City, stated that his experience taught him not to apply immovable dressings at first.

Dr. J. M. Emmert, Atlantic, in closing the discussion said he felt very grateful for the easy letting down he had had. He said he had expected more criticism. In regard to the immovable dressing producing inflammation, he stated it would probably do so if the limb was bound too tightly. I do not think there is any great amount of danger if the dressing is applied properly.

On motion the paper was referred to the committee on publication.

The committee on arrangements reported the hour between five and six p. m. as being the most acceptable time to visit the Masonic Library and St. Luke's Hospital.

On motion the report was received and adopted.

A paper on A New Method of Treating Paronychia, by Dr. T. J. Maxwell, Keokuk, was, by request of the Society, read by Dr. W. F. Peck, Davenport.

On motion the paper was received, and referred to the committee on publication.

Dr. A. L. Worden, Des Moines, through a misunderstanding, did not prepare his paper.

Dr. T. J. Caldwell, Adel, said, the committee on medical legislation is



ready to report and I make a motion that immediately after the completion of the section on surgery the matter be brought up for discussion. Seconded. Carried.

Dr. H. L. Getz, read a paper on Conservative Surgery of the Hand and Foot.

On motion of Dr. D. Macrae, Council Bluffs, the paper was received.

On motion of Dr. W. F. Peck, Davenport, the discussion on the paper of Dr. H. L. Getz was deferred until the second session.

Dr. J. S. Ormiston, Chelsea, was elected a member by invitation.

On motion adjourned, 12:20 p. m.

#### SECOND DAY—SECOND SESSION.

Meeting called to order at 2 p. m., by the president.

Dr. E. F. Clapp, Iowa City, said he was pleased with the subject Dr. H. L. Getz had chosen. He thought, however, the Doctor had lost sight of the fact that there are few rules and regulations that can bring the individual down to a certain space—it must depend on the judgment of the surgeon. In operating, the first principle is the life of the patient; after which save what you can that is of benefit, particularly endeavoring to save a good stump for an artificial leg, and not take too much trouble for what is often useless. It is no use to save a little toe if all the others are gone. I am not willing to accord originality, as I think each individual would recognize the correct way to operate.

Dr. W. F. Peck, Davenport, considered the Society was indebted to Dr. H. L. Getz, not because there was anything new in his paper, but because he presented an interesting subject for discussion. I am inclined to believe Dr. E. F. Clapp misunderstood Dr. H. L. Getz. My maxim is, in the hands save all you can; in the foot save what you can that will be serviceable after the treatment is over. The idea of moving the bandage frequently from the finger, I do not regard as good surgical practice. Good drainage and rest, are the best, for wounds of the hand. The aim in surgery of the foot should be to save what is useful, not, necessarily, all that you can.

Dr. H. L. Getz, Marshalltown, in reply desired to say that he was considerably misunderstood. His claim of originality was for his methodizing the divisions of the wrist joint into operations numbers 1, 2, 3, and 4. It is not necessary to carry a pocket chart, or remember the names of all the bones, as most of these operations are almost straight cuts. My leaving the foot, without saying much about it, was caused by my

considering it a secondary matter to the hand.

On motion of Dr. D. W. Crouse, Waterloo, the paper was referred to the committee on publication.

Dr. L. J. Alleman, Boone, presented a paper on Injuries of the Spinal Cord.

On motion of Dr. W. F. Peck, Davenport, the paper was received.

Dr. W. F. Peck, Davenport, said there was little disposition in the Society to discuss the subject, but that it was a matter of considerable importance to him. Concussion can carry the evidence that will lead to its location, but a shock, without any evidence, is never confirmed by the post mortem, as concussion. Several cases were cited of persons claiming concussion of the spine.

Dr. J. T. Priestley, Des Moines, said he could not hear much of Dr. L. J. Alleman's paper and could not say much as to the cases of injury to the spinal column. He reported two cases.

Dr. H. L. Getz, Marshalltown, stated his experience, and cited a parallel case to Dr. W. F. Peck's.

Dr. D. S. Fairchild, Ames, said he believed in spinal concussion.

On motion of Dr. J. Williamson, Ottumwa, the paper was referred to the committee on publication.

Drs. F. H. Kutner, C. A. McCockle and G. L. Chambers, were elected members by invitation.

The secretary read the following report:

*To the President and Members of Iowa State Medical Society*—The Committee on Medical Legislation submit the following report:

That this Society pass the following resolution:

*Resolved*, that it is the desire of the Society that the legislature enact a law to regulate the practice of medicine, surgery, obstetrics, and their allied branches, under the heading—

#### A BILL

FOR AN ACT TO REGULATE THE PRACTICE OF MEDICINE, SURGERY, OBSTETRICS, AND THEIR ALLIED BRANCHES IN THE STATE OF IOWA.

[Containing the following provisions.]

*Be it enacted*, by the General Assembly of the State of Iowa: That after the act shall take effect no person shall practice medicine, surgery, obstetrics, or their allied branches in the State of Iowa who is not a graduate of a legally organized medical college, or who has not practiced medicine, surgery, obstetrics, and their allied branches, in this State for at least five consecutive years prior to the date that this act shall take



effect. That on or before this act takes effect that every person practicing medicine, surgery, obstetrics, or their allied branches in this State shall present to the State Board of Health satisfactory evidence, thorough diploma or certificate, evidence that he is entitled under this act to legally practice medicine, surgery, obstetrics, or their allied branches. That he shall receive a certificate from the State Board of Health, which he shall register with the county clerk of the county wherein he shall engage in practice. That upon presenting his diploma, or certificate of practice, he shall pay the sum of \$1. That any person who shall violate this act shall be fined not less than \$50 nor more than \$100 and costs, for the first offence, and \$100 and costs, for the second offence, and imprisonment in the county jail for a period of not less than ninety days.

Framed in such language as to adequately provide for the legal technicalities, embracing substantially the provisions herein contained.

Also that the following, the first of the resolutions presented by Dr. Crutenden, be adopted:

*Resolved*, That the president of the Society appoint a committee of five to select a representative committeeman from each assembly district of the State to look after the representative from his district, and that this committee report before the close of this session.

Respectfully,

T. J. CALDWELL, *Chairman*.

F. E. CRUTENDEN, *Sec*.

Dr. E. H. King, West Liberty, made a motion to limit the discussion of the report to thirty minutes. Seconded.

The president before putting the question said that he had brought the matter before the Society in 1853 and that he hoped they would take time now to find out whether the bill reported was what they wanted.

Dr. E. H. King's motion was lost.

Dr. Rosa M. Upson, Marshalltown, said that she had been delegated by the Iowa State Pharmaceutical Association to say to the Iowa State Medical Society that they would be hand in hand with them in the action for securing medical legislation.

Dr. W. S. Robertson, Muscatine, related some of his experience and the difficulties he had had with the health law and medical legislation. He was on a committee with Drs. S. B. Thrall, Ottumwa, and G. M. Staples, Dubuque, that was appointed at the Davenport meeting. They managed to get the health law passed but the medical legislation bill was tabled. We must get the help of both homeopaths and eclectics.

Dr. W. Watson, Dubuque, said no one

was better posted than Dr. W. S. Robertson. Thought individual members must be prepared to sacrifice some of their ideas for the good of the whole profession.

Dr. J. W. Smith, Charles City, thought that a committee looked too much like machinery. The causes of failures before have been that the people thought medical legislation was to protect the doctors.

Dr. Reuben Sears, Marshalltown, said that if the medical men make a blow and get in the papers they would probably be defeated. He advised a still hunt, as he thought the quacks had a firm hold over a good many voters.

Dr. H. L. Getz, Marshalltown, was in favor of a much more stringent bill, but would not stand out on that account, and would give the report his hearty support.

Dr. J. Williamson, Ottumwa, said that opposition to this bill, in all fairness, should be presented at the present time.

Dr. A. W. McClure, Mt. Pleasant, thought we should keep the State Society clean, and if necessary, from year to year declare ourselves in favor of regulating the practice of medicine, then, if the people want it, they can get it. He is decidedly opposed to any still hunt.

Dr. P. N. Woods, Fairfield, said he was in favor of a medical bill and was authorized to pledge the support of the Jefferson County Medical Society.

Dr. G. P. Carpenter, Cedar Rapids, pledged Iowa Union Medical Society.

Dr. J. W. Finarty, Dallas, pledged Marion County Medical Society. He said that in Marion county it had been made a political test and although a republican he had voted against his party and for men who would favor a medical bill.

Dr. J. W. Smith, Charles City, pledged the physicians of Floyd county.

Dr. R. W. Miller, Menlo, said it occurred to him that the clause relating to imprisonment might cause the defeat of the bill, he therefore moved to strike out said clause. Seconded.

Dr. H. L. Getz, Marshalltown, wished to enquire what Dr. R. W. Miller would advise if the criminal had no money.

Dr. R. W. Miller, Menlo, in reply, said that in default of payment the imprisonment should follow.

Dr. R. W. Miller's motion was lost.

The report of the Committee on Medical Legislation on ballot was unanimously adopted.

The president said that since we are unanimous if we stand together we will win success.

Dr. T. J. Caldwell, Adel, requested that the president appoint, at once, the committee of five, called for in the report



adopted, as they have to report at this meeting.

The president appointed as such committee: Drs. J. M. Emmert, Atlantic; W. S. Robertson, Muscatine; G. W. Beggs, Sioux City; H. A. Gilman, Mt. Pleasant; H. Ristine, Cedar Rapids.

Drs. W. P. Martin, D. A. Crouse, E. J. Turley, and A. J. Johnson were elected members by invitation.

On motion of Dr. J. T. Priestley, Des Moines, the Society took up the regular program work.

Dr. D. Macrae, Council Bluffs, presented the report on the Section on Obstetrics and Gynecology.

On motion the paper was received.

As Dr. E. H. King, West Liberty, had to leave on an early evening train, the Society, on vote, allowed him to read his paper before the discussion on Dr. D. Macrae's paper.

Dr. W. Watson, Dubuque, on account of the amount of work yet to be done and the small amount of time left, moved to reconsider the acceptance of the invitation to visit the Masonic Library and St. Luke's Hospital. Carried.

Dr. E. H. King, West Liberty, presented his paper on the Treatment of the Ubilicus in the New-Born—Why do we use the Belly-Band on the Infant?

On motion of Dr. G. H. Hill, Independence, the paper was received.

Discussion on Dr. D. Macrae's paper was then commenced.

Dr. W. F. Peck, Davenport, said the field of obstetrics and gynecology was being investigated, we are making advances, but are claiming a good deal that will not be justified by time. He says the removal of the ovaries does not stop menstruation. He reported some cases of ovariectomy and oophorectomy.

Dr. H. L. Getz, Marshalltown, reported a case.

On motion of Dr. T. J. Caldwell, Adel, the paper was referred to the committee on publication.

Dr. T. J. Caldwell, Adel, presented the following resolution:

*Resolved*, That a committee of five be appointed by this Society to confer with a like committee of the other medical societies of the State of Iowa in relation to a medical bill or practice act, and that said committee be composed of the following members of this Society: Drs. J. Williamson, Ottumwa; F. E. Cruttenden, Des Moines; A. A. Deering, Boone; J. M. Emmert, Atlantic; and J. F. Kennedy, Des Moines.

On motion the resolution was adopted.

On motion, adjourned at 5:45 p. m.

## SECOND DAY—THIRD SESSION.

Meeting called to order by the president.

Dr. F. E. Cruttenden, Des Moines, thought that under the circumstances of Dr. E. H. King's declining an invitation to read his paper before the American Medical Association, and reserving it for the State Society, this Society should extend to the Doctor, at least, a vote of thanks. The Doctor had spent a number of weeks in preparing his paper, and as he can not be present at the discussion, I, therefore, move that his paper be referred to the committee on publication, and that a vote of thanks be given Dr. E. H. King. Carried.

Dr. John North, Keokuk, presented the report of the Section on Materia Medica. Before reading his report, the Doctor said he had prepared two papers and never read them, and there are but few present now. It is very discouraging; but I suppose no one is to blame.

On motion of Dr. W. Watson, Dubuque, the report was received.

Dr. F. E. Cruttenden, Des Moines, asked what Dr. J. North meant by the word "cure" in connection with the use of certain remedies.

Dr. J. North, Keokuk, in reply, said he probably was not exactly accurate in the use of the word "cure."

Dr. F. E. Cruttenden, Des Moines, said his experience proved that most cases of chronic constipation were caused by functional derangement and that in such cases cascara sagrada, aloin, etc., were of themselves of little use. Mercury is often abused, and when used in hereditary or tertiary syphilis it should be combined with iron and general tonics. I do not understand that there are three different kinds of electricity, but three different forms.

Dr. W. J. Holman, Cedar Rapids, considered the use of permanganate of potassium beneficial in suppressed menses. When he had a good preparation of cascara sagrada he had good results in the treatment of chronic constipation.

Dr. G. R. Skinner, Cedar Rapids, said he supposed Dr. J. North used the ordinary terms accepted by medical men in relation to electricity and by kind meant faradic, galvanic, and static.

Dr. J. M. Emmert, Atlantic, was sorry his experience was not like the others in the use of permanganate of potassium. He had prescribed it in two cases and it had produced severe vomiting. He also called special attention to the use of belladonna as a prophylactic in diphtheria.

Dr. D. Scofield, Washington, said he had used fluid extract of chestnut in pertussis, and it had no more effect than



water. He has very little belief in one one-hundredth grain doses.

Dr. Thomas, said he had had good results from the use of belladonna in diphtheria.

Dr. J. Riley, Exira, said the results from cascara sagrada had been very uncertain, some times good and some times bad.

Dr. J. Williamson, Ottumwa, said his experience in the use of permanganate of potassium was not satisfactory. He had sent to Wyeth's to get their compressed tablets absolutely pure; he had used them and he had not one patient who had received the slightest possible good.

Dr. J. North, Keokuk, in closing the discussion said he still thought cascara sagrada would relieve most cases of constipation that any remedy would.

On motion, Dr. J. North's report was referred to the committee on publication.

Dr. T. J. Caldwell, Adel, moved that Dr. W. Watson, Dubuque, be requested to read the reports of the committee on necrology. Carried.

Dr. W. Watson, Dubuque, read sketches of the lives of the following deceased members of the Society:

Dr. G. W. Stewart, Danville.

Dr. W. H. Smith, Glenwood.

Dr. J. A. Wright, Davenport.

Dr. N. H. Tulloss, Iowa City.

Dr. C. H. Rawson, Des Moines.

Dr. R. S. C. Gwynn, Madrid.

Dr. O. S. Knox, Cedar Falls.

Dr. A. Stephens, Davenport.

Dr. R. J. Farquharson, Des Moines.

On motion the sketches were referred to the committee on publication.

Dr. W. Watson, Dubuque, moved that Dr. D. Scofield's amendment be taken from the table. Carried.

Dr. W. Watson, Dubuque, said the amendment was tabled by Dr. G. F. Jenkins by mistake. He thought the amendment covered a point that the Society should notice—the standing of local societies seeking representation—and therefore moved the adoption of the substitute.

Dr. F. E. Cruttenden, Des Moines, said that as it was an amendment to the constitution if the original was changed any it must lie over one year.

Dr. D. Scofield, Washington, said his original amendment was two distinct portions. The substitute wipes out section 1 and substitutes for section 2.

Dr. W. Watson, Dubuque, said that if they laid the substitute over until next year, at that time they would be unable to make any corrections, even to crossing a "t" or dotting an "i."

Dr. T. J. Caldwell, Adel, said without doubt the substitute would have to lie another year.

Dr. D. Scofield, Washington, thought

some action ought to be taken, as county societies are too lax.

Dr. J. F. Kennedy, Des Moines, suggested striking out the word "that" in the second section of the original amendment and carrying that portion.

Dr. D. Scofield, Washington, said non-graduates had gotten into the State Society on spurious diplomas.

Dr. F. E. Cruttenden, Des Moines, desired to state his position so he would not be misunderstood. He entirely supported Dr. D. Scofield's substitute but was opposed to adopting it at this meeting as he did not think it could be done constitutionally.

Dr. W. Watson, Dubuque, thought it a great pity to have to wait a year because you could not cross a "t" or dot an "i."

Dr. T. J. Caldwell, Adel, suggests that an amendment be drawn this year that will suit the society and pass the same next year. It would not look well for the Society to criticise the looseness with which the county societies are managed, and then for us to pass an amendment unconstitutionally.

The president suggested that Drs. T. J. Caldwell, Adel, and D. Scofield, Washington, draft and report a resolution.

On motion of Dr. F. E. Cruttenden, Des Moines, adjourned.

### THIRD DAY—FIRST SESSION.

Meeting called to order by the president.

Dr. F. E. Cruttenden, Des Moines, said, that in order to give Dr. J. F. Kennedy a chance to present a resolution, he would move to table the original amendment and substitute. Carried.

Dr. J. F. Kennedy, Des Moines, presented the following amendment to article 3 of the constitution. All auxiliary societies, seeking representation in the Iowa State Medical Society, shall furnish, to the secretary of this Society, on, or before, the first day of March, of each year, a list of their officers and members, as well as a statement of the time, and place of holding their meeting, together with such declaration of their requirements for membership as shall enable the secretary and committee on arrangements to judge of their qualification; and every delegate, sent by such auxiliary society, before election to this Society, as a permanent member shall present to the committee on arrangements a diploma giving name, place and date of graduation.

Dr. F. E. Cruttenden, Des Moines, in order to get the resolution before the Society moved to receive the same. Carried.

Dr. W. Watson, Dubuque, called for the re-reading of the resolution.

Dr. J. North, Keokuk, said that if this resolution was adopted there would be



no necessity of local societies having the requirement, of exhibiting diploma, as they would have to present diplomas here.

Dr. W. Watson, Dubuque, said Dr. J. F. Kennedy's resolution would meet the fate of the other one, if individual members would not sacrifice some ideas. The Society should adopt a resolution of this character as the doors of our Society should not stand so wide-open.

Dr. D. W. Crouse, Waterloo, thought this was the proper time to find fault and suggest corrections so the resolution could be carried next year. The Society had admitted members of twenty, or thirty, years practice, who were recognized as regulars, but who are not graduates. I protest; every man should be a graduate. County societies should require every member to be a graduate.

Dr. J. F. Kennedy, Des Moines, said his resolution did not state what county societies should do.

Dr. D. Scofield, Washington, desired to know if a county society composed of non-graduates could send a delegate who was a graduate.

Dr. W. Watson, Dubuque, could see no reason why, a society of five non-graduates, could not send, as delegate, a graduate.

Dr. J. M. Emmert, Atlantic, said he had confidence enough in his professional brethren to believe that no local society would take in men who are unfit associates. Every local Society is the judge of its own members. There are men who have practiced twenty-five years, who are not graduates, who make good members of the local societies. I do not believe in receiving them here. In regard to diplomas, it is just as well, to bring the affidavit of the secretary that he had examined the diploma.

Dr. G. R. Skinner, Cedar Rapids, said no action of this Society would prevent a graduate from representing a non-graduate society.

Dr. H. L. Getz, Marshalltown, said, in answer to the question, as to whether this Society should admit an individual who holds a diploma and who represents a society composed of non-graduates, I would say admit him of course. When the amendment is made satisfactory to us, it should be referred to the committee on revision of the constitution, with privilege of modifying, as may be deemed necessary.

Dr. W. Watson, Dubuque, said he had no objection to requiring presentation of diploma.

Dr. J. North, Keokuk, wished to know what action would be taken on honorary degrees of doctor of medicine.

Dr. F. E. Cruttenden, Des Moines, in view of the objection to presenting

diplomas, suggested an amendment to the resolution by adding, "or present an affidavit from the Secretary of his Society certifying that he has examined his diploma and that he is a graduate of some reputable college."

Dr. D. Scofield, Washington, suggested adding "or satisfactory evidence of the possession thereof."

Dr. H. L. Getz, Marshalltown, said the amendment proposed by Dr. Cruttenden had one objection. The secretary of a hybrid society might be a man who was not as honorable as he should be and might swear falsely. It would be better to have a notary public swear to having seen the diploma.

Dr. J. M. Emmert, Atlantic, did not think the secretary of a society would commit perjury to get a friend into the Society.

Dr. J. Riley, Exira, was in favor of demanding presentation of diploma at this Society.

Dr. D. W. Crouse, Waterloo, thought the best evidence of graduation was presentation of diploma. It should be no hardship for a young man to bring his diploma when about to enter the Iowa State Medical Society.

Dr. J. F. Kennedy, Des Moines, thought a notary public would not be able to vouch for the correctness of a diploma and was in favor of its being presented at this Society.

Dr. H. L. Getz, Marshalltown, said he had as much confidence as anyone in the profession. An additional expense would be incurred by having to make affidavit.

Dr. J. Riley, Exira, moved that it is the expression of the Society that the candidate should present the diploma.

Dr. J. F. Kennedy, Des Moines, accepted the amendment offered by Dr. D. Scofield.

Dr. J. M. Emmert, Atlantic, said it should be understood what satisfactory evidence is. He would consider an affidavit satisfactory evidence. Requested the secretary to read the resolution, as amended.

The secretary read the resolution as amended and moved its reference to the committee on revision of constitution. Carried.

Dr. G. R. Skinner, Cedar Rapids, proposed the name of Dr. G. W. Holmes, Tabriz, Persia, as honorary and corresponding member. He was unanimously elected.

The secretary read the following report of the committee on publication.

*To the Iowa State Medical Society—*

The committee on publication would respectfully report, that owing to the unavoidable circumstances, volume 6 of



the transactions of this Society, covering the years, 1883 and 1884, though in press, has not been ready for distribution, at this meeting, as was hoped. The volume will consist of 600 copies, bound in stiff cloth, and the workmanship of the numbers already printed give promise of an unusually fine volume. Glass & Hoover, of Davenport, are the printers.

(1) Your committee recommend that the papers of this meeting be printed in connection with this volume.

(2) We further report that the interest of the Society requires the annual publication of our transactions and that, not later than ninety days after adjournment, the printed proceedings be put into the hands of the secretary, by the committee on publication, for distribution.

(3) We further recommend all professional papers read before the Society, and referred by it, to the publication committee, be printed.

(4) We believe, also, that the employment of a stenographer, to report the discussion of the professional papers, read, would greatly add to the interest of the transactions, and would perpetuate many observations of value, otherwise lost. We recommend such employment.

J. F. KENNEDY.  
L. C. SWIFT.  
W. D. MIDDLETON.  
J. WILLIAMSON.  
G. R. SKINNER.

Dr. S. E. Robinson, West Union, moved the resolution be referred to the next publication committee.

Dr. J. F. Kennedy, Des Moines, thought that we were the only medical Society in America, that does not print the professional matter presented, provided it is received by the Society. He thought the proper way was to print them, and state that the Iowa State Medical Society is in no way responsible for the views, expressed by the authors.

Dr. J. M. Emmert, Atlantic, moved the adoption of the first recommendation of the committee on publication. He thought all papers should be published.

Dr. D. Scofield, Washington, said that we, as a Society, received many papers not fit for publication. At the meeting in Dubuque the president's address took notice of the severe criticism a volume of our transactions received. It was then decided as our policy never to issue a volume, until such a time as there was sufficient good material. Suggested that papers be limited to fifteen minutes.

Dr. H. L. Getz, Marshalltown, thought the Society was as competent as a com-

mittee to say whether papers shall be published or not.

Dr. W. Watson, Dubuque, said he was very much opposed to putting everything in the transactions. At some of the meetings three-quarters of the Society were reduced to a condition resembling anesthesia from the extremely long papers.

Dr. S. E. Robinson, West Union, withdrew his motion and seconded Dr. J. M. Emmert's, which was carried.

Dr. J. F. Kennedy, Des Moines, requested disposition of the second recommendation of the committee on publication.

Dr. S. E. Robinson, West Union, said that as this year's transactions were disposed of he would move to table the second recommendation. Seconded. Carried.

The third recommendation, on motion of Dr. S. E. Robinson, was also tabled.

Dr. W. Watson, Dubuque, was in favor of the fourth recommendation. He thought the employment of a stenographer might make members more careful of what they said.

Dr. S. E. Robinson, West Union, said the same question had come up before. The difficulty was that the reporter hearing a word he did not understand put it down according to sound, and after the notes had grown cold it was very hard for them to interpret the signs. The Society might look for a reporter and have him trained.

On motion of Dr. D. Scofield, Washington, the fourth recommendation was referred to the committee on arrangements, with power to act.

On motion of Dr. J. M. Emmert, Atlantic, the entire report as amended, was adopted.

The committee on arrangements recommended that \$50 be paid to the secretary for extra work in getting papers ready for publication.

On motion of Dr. W. Watson, Dubuque, the secretary was instructed to draw a warrant, to his order, on the treasurer of the Society.

Dr. F. E. Cruttenden, Des Moines, read a paper on Vocal Gymnastics and Their Use in Diseases of the Throat and Nasal Passages. Before reading it said he had been requested by the chairman of the section on Ophthalmology and Otology, Dr. C. M. Hobby, and Dr. H. B. Young, who had prepared a paper for this section, to enter a protest against the section on Ophthalmology and Otology always being placed last on the program, in which protest I wish to unite. After two-thirds of the members have gone home and the balance are tired out, at every session during the last five years, this section has been

placed at the tail end. It seems to us an injustice to place the section always at the end. We do not demand, but we respectfully ask, that there be at least an occasional change. I am delegated to say, and I fully endorse it myself, that in the future unless the Society make some change we will not present papers under this section but, when called upon will present papers of an entirely different character.

On motion of Dr. J. F. Kennedy, Des Moines, the paper was received.

Dr. J. North, Keokuk, said the paper was very fine, but beyond our reach, do not feel competent to discuss it.

On motion, paper was referred to committee on publication.

On motion the secretary was instructed to draw warrants to the amount of \$59.40 for the payment of several small bills.

Dr. W. Watson, Dubuque, introduced the following amendment to the by-laws which, under suspension of rules, was adopted at this meeting.

*Resolved*, That hereafter, the committee on nominations be instructed to report, to the Society, the names of the two members as candidates for president, who receive the highest number of votes, at the meeting of the committee on nominations.

The secretary read the following report of the nominating committee:

President—Dr. D. W. Crouse, Waterloo.

First Vice-President — Dr. A. W. McClure, Mt. Pleasant.

Second Vice-President — Dr. A. L. Wright, Carroll.

Secretary — Dr. J. F. Kennedy, Des Moines.

Assistant Secretary—Dr. L. C. Swift, Des Moines.

Treasurer—Dr. G. R. Skinner, Cedar Rapids.

Place of meeting, Des Moines, on the third Wednesday of May, 1886.

Committee on Publication—Drs. J. F. Kennedy, L. C. Swift, Des Moines; W. D. Middleton, Davenport; J. Williamson, Ottumwa; G. R. Skinner, Cedar Rapids.

Committee on Arrangements—Drs. G. P. Hanawalt, Des Moines; C. M. Hobby, Iowa City; L. C. Swift, Des Moines; W. C. Davis, Indianola; Rosa M. Upson, Marshalltown.

Committee on Necrology—By congressional districts, as follows:

*First*—Dr. J. North, Keokuk.

*Second*—Dr. L. J. Adair, Anamosa.

*Third*—Dr. B. McCluer, Dubuque.

*Fourth*—Dr. D. S. Brainard, Stacyville.

*Fifth*—Dr. W. C. Schultze, Marengo.

*Sixth*—Dr. E. W. Clark, Grinnell.

*Seventh*—Dr. H. R. Page, Des Moines.

*Eighth*—Dr. W. C. Stillians, Clarinda.

*Ninth*—Dr. F. M. Powell, Glenwood.

*Tenth*—Dr. S. W. Moorehead, Eagle Grove.

*Eleventh*—Dr. J. A. Sherman, Cherokee.

Committee on Ethics—Drs. H. C. Huntsman, Oskaloosa; F. S. Thornes; S. N. Pierce, Cedar Falls; W. Watson, Dubuque; G. F. Jenkins, Keokuk.

Committee on State Medicine—Drs. W. S. Robertson, Muscatine; F. E. Cruttenden, Des Moines; Jennie McCowen, Davenport.

Committee on Revision of the Constitution and By-laws—Drs. W. Watson, Dubuque; S. E. Robinson, West Union; J. F. Kennedy, Des Moines.

Delegates to the American Medical Association:

*First District*—Drs. F. C. Mehler, J. A. Scroggs, P. N. Woods, J. E. Stone.

*Second District*—Drs. F. A. Packard, J. K. Milbourne, S. B. Nichols, A. A. Cooling.

*Third District*—Drs. S. G. Wilson, O. J. Fullerton, D. M. Wicks, N. S. Craig.

*Fourth District*—Drs. S. E. Robinson, A. D. Bundy, J. W. Smith, J. S. Roome.

*Fifth District*—Drs. C. M. Hobby, H. Ristine, M. Meredith, J. P. Morrison.

*Sixth District*—Drs. L. E. Baker, P. N. Woods, A. M. Stark, R. C. Hoffman.

*Seventh District*—Drs. J. T. Priestley, W. Hutchinson, J. H. Nicol, J. W. Finarty.

*Eighth District*—Drs. E. M. Reynolds, W. C. Stillians, J. B. Wilson, W. H. Gibbon.

*Ninth District*—Drs. D. Macrae, F. S. Thomas, C. F. Darnall, W. F. Graham.

*Tenth District*—Drs. L. J. Alleman, A. A. Deering, S. W. Moorehead, W. A. Grew.

*Eleventh District*—Drs. J. A. Sherman, R. E. Coniff, S. A. McNerny, J. P. Savage.

On motion the report was received.

Dr. W. Watson, Dubuque, said there was one feature in the report which was not entirely satisfactory to him—sending members as delegates to the American Medical Association, on their first session here.

On motion of Dr. S. E. Robinson, West Union, the secretary was instructed to cast the ballot of the Society for Dr. D. W. Crouse for president.

The president announced Dr. D. W. Crouse duly elected.

On motion of Dr. F. E. Cruttenden, Des Moines, the secretary was instructed to cast the ballot of the Society for Drs. A. W. McClure and A. L. Wright for



first and second vice-president, respectively.

Drs. A. W. McClure and A. L. Wright were declared duly elected.

On motion of Dr. S. E. Robinson, West Union, the balance of the report was adopted.

Drs. W. Watson, Dubuque, and J. M. Emmert, Atlantic, were appointed a committee to conduct the newly elected president to the chair.

Dr. H. C. Huntsman, Oskaloosa, the retiring president said: Before vacating the office, to which your kindness elevated me, I wish to thank the members of the Society for their hearty support, and goodness in presenting papers. And my young friend, the incoming president, I greet as a graduate in the literary department of my *alma mater*. May God bless you and may your warm blood infuse new life into the Society.

Dr. D. W. Crouse, Waterloo, the newly elected president, said: Ladies and Gentlemen—After two or three days discussion, on papers, I am not expected to make a speech, and yet to say I do not feel complimented by this elevation on the part of the Society would not be right. I shall certainly make an effort and do the best I can to make the next session equal to the present, and better if possible. I trust you will extend to me the same courtesy bestowed on my predecessor. I think I owe my election more to your kindness than my own fitness for the position.

On motion a vote of thanks was tendered the committee on arrangement.

The secretary presented the following:

*Resolved*, That this Society commend the IOWA STATE MEDICAL REPORTER as worthy of the patronage and support of the members.

Dr. J. F. Kennedy, Des Moines, said he knew Dr. F. E. Cruttenden, the editor, had taken a great deal of time and was at considerable expense, having a stenographer here to get a good report. The report of last year helped the secretary considerably.

Dr. H. C. Huntsman, Oskaloosa, said he was happy to second the resolution. He considered the REPORTER very creditable.

Dr. D. W. Crouse, Waterloo, said he wished to say a good word for the REPORTER.

The resolution was unanimously adopted.

Dr. F. E. Cruttenden, Des Moines, in thanking the Society, said it was all the more gratifying to him as it was entirely unsolicited and unexpected.

The treasurer presented his report which showed a balance on hand of \$1714.50.

On motion the report was received and placed on file.

Dr. D. Scofield, Washington, moved "that we do now adjourn." Carried.

## ORIGINAL ARTICLE.

DAVENPORT, IOWA, June 15, 1885.

F. E. CRUTTENDEN, M. D.,

Des Moines, Iowa.

[Editor Iowa State Medical Reporter.]

*Dear Doctor*—In the last number of your journal you stated that a full report of the transactions of the Iowa State Medical Society would appear in the next number with comments. As my paper entitled, "Should Officers of Boards of Health be *Practicing Physicians*," is not the property of the Society but was referred back with the privilege of publishing over my own signature, I herewith send a full copy, signed, which you may insert, if you please, in the next number. With much regard I remain, yours truly,

E. H. HAZEN.

### SHOULD OFFICERS OF BOARDS OF HEALTH BE *PRACTICING* PHYSICIANS?

The attention to the science of hygiene, in later years, is one of the marks of progress of this generation in civilization. The fostering by the State, by putting in officers for its special study, and the devotion of men to the prosecution of the work, freed from counter interest, I deem is mainly the cause of its recent advancement.

From the nature of the duties connected with the science of hygiene they run in directly opposite interest to that of the practice of medicine. And, I contend, that unless the study of sanitary laws and the prosecution of the indications manifest be in the hands of those free from the interests which would suppress the discoveries, or in the hands even of those of whom there might be a *suspicion* of this condition of affairs, there will be but a slow progress in discovery and knowledge, or in the obedience of its precepts when promulgated to the people.

I know I may stand censurable for supposing that any of the members of the noble profession of medicine would not use his utmost powers for the protection of humanity in preventing disease; but human nature is in the form divine that we see before us, and it is expecting too much to suppose that he will use much vigor in prosecuting to



his utmost those things which tend to deprive him of a good living.

Then, to become successful in *preventing* disease, he should not be obliged to get his living wholly from the *creation* of disease.

What are the indications that the practitioners of medicine are capable of giving this advice? What proportion of time and talent have they used to acquire a knowledge of the subject? Among the 119 medical colleges of the land, how many have Chairs especially devoted to this subject? Is there ten per cent? And how much, comparatively, is said from other Chairs on the subject? What proportion of books in your library are especial instructives on sanitation or prevention of disease? Is there one per cent? Evidently the medical college or the doctor's office is not the place to get information regarding the subject.

It is very true that the sanitarian should have acquired all the knowledge of disease which our medical colleges furnish before he is capable of being a competent advisor on the subject. It is only this knowledge of disease which would give him a proper appreciation of it; its gravity; the laws which govern it; the seriousness of its introduction. But because a man knows etiology and pathology it does not follow that he understands the principles of sanitation or State medicine.

Public Hygiene naturally belongs, for its prosecution, to the State and those officers appointed for the purpose, should have all their interests turned to lessen the business of the Physician and Surgeon, by the prevention of disease and accident. To prosecute any investigation to its utmost extent; to evolve discoveries, to add inventions in any art or science, the laborer in its field should have his self interests wholly in that direction.

Such officers need a knowledge of medicine; they should, however, be debarred from the practice of medicine and be known as an enemy to those things which give profit to the physician. He would soon have the enthusiasm of a man whose mind and talents are directed in one channel and have the concurrence of the people whom he would bless, and not be troubled with the hesitancy in obeying, seen when a man is advising contrary to his own interests. I therefore advocate that not only the Secretary of the State Board of Health should be a non-solicitor of practice, but the President of the Board should also be such. The President an executive officer; that he and the Secretary should be disseminators of the information they obtain by publications, lectures, visits to towns,

and conferences with Boards of Health, in localities over the State. The importance of the matter demands this much of the State. We should then have not only an office composed of a library and an advisory Board, but elements of warfare, those which disinfect; sweep out; purifiers of the atmosphere and healthfulness would be much more increased—and *we* would have less business.

A question arises as to the practicability of an officer of the State having authority over the officials of a city or county in such matters, and under the present laws he would have none, but if this officer appears in a community to abate a nuisance and acts only by giving a decided opinion in the matter in hand, the officials of the city or county would not dare to do otherwise than follow his advice, unless the said President made an egregious blunder and the officials were well fortified by a scientific or lawful opinion to the contrary.

It may be somewhat Utopian in character to believe that the day will come when we shall have specialists in Sanitary matters. When the community shall have been educated up to learn the importance and economy of calling him and *paying* him for advice, which, when followed will lessen the visits of the practitioner of medicine. When he will be asked to advise as to the proper method of conveying the excrement of the household to the ground; the effluvia to the regions above; where to dig wells; how to purify the atmosphere; how to drain; what to plant for protection from hard weather or hot sun; how to kill vermin; how to abate all nuisances and purify the atmosphere of the dwelling and its surroundings; what best to eat; how to cook it; what to wear; matters of physical and mental training in the school room and household. The laws of rest, etc., etc.

In all of these things when he is capable of giving advice has a profession which is equal to any now extant and one enviable to the highest aspiration. These are the men for local Boards of Health.

Respectfully submitted.

E. H. HAZEN, M. D.

The report of the State Society was more voluminous than was expected and, therefore, it has crowded out all other matter, although we set all our form solid and have used two extra pages. The articles crowded out will appear in our next number.—[Ed.]

We have made a change in our place of publication. By this change we expect to avoid the irregularity of date of publishing that has been so annoying to our readers, and ourselves.—[Ed.]



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THE  
Iowa State Medical Reporter.

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DES MOINES, JUNE, 1885.

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EDITORIAL.

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INCENDIARISM IN THE PROFESSION.

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The association of incendiarism with the profession will strike all of its members as being a little unique. The incendiary is a land pirate, one who burns, robs, and kills, whenever it becomes necessary, to obtain support. His work is sometimes softened, a few degrees, in its terrors, as manslaughter is milder than murder, although in the end, the result of each of these is the same—the death of the victim. This modification is found in the plea of the incendiary, who does not profit directly, but indirectly by assisting to build up what he has ruthlessly torn down.

Any statement, or association, that will place the profession in the relation to society, described in the above, will, and should, be met with a degree of just indignation and vigor, in proportion to the importance of its source.

That there is such an association, except possibly in a few isolated cases, the REPORTER does not entertain, or even acknowledge for the sake of an argument. Force of circumstances have made it necessary to speak of this matter, distasteful as it is.

At the late annual session of the State Society, this subject was brought up through a paper presented, but, afterwards, promptly and unanimously rejected with indignation. In the comments to be made upon the work of the Society, it was the intention of the REPORTER to speak of this subject, in a passing way, simply as an incident, giving it as little attention as could be. The publication of the rejected paper, and a letter from its author, in this issue, will explain itself. Seemingly, we were asked to publish the same, and

comment on it, as in our judgment it deserved, treating it as if it was a part of the proceedings of the Society. To deny the Doctor's request, would seem cowardly and unjust, and, under the circumstances, would be directly antagonistic to the policy of the REPORTER—the freedom of its columns. To publish the same, without accompanying it with the Doctor's letter, as explanation, and without expressing ourselves, as in our judgment the matter deserves, we could not, and would not, do. Therefore, we trust that our motive will not be misconstrued, either by the author, or his friends.

The paper is a direct insult to every member of the profession, and it refers back to its author, as one, who has directly insulted the profession. It attacks directly, every member of the profession, and personally, the State Board of Health, charging, that in order to obtain work they are guilty of criminal negligence, not from carelessness or ignorance, but from premeditated and studied design to further their own pecuniary interests. It is the same as saying of the lawyer, "you induce the thief to steal, and the murderer to kill, in order that you may get the fee for defending them."

To those who are students of psychology, diseases of the nervous system, etc., the motive for such an attack is a matter of scientific interest. No one believes, that the author is guilty of such practices, and, further, no one would accuse him. No one can understand why, if he has any special animosity to the State Board of Health, or its friends, he should attack the profession at large. No one can understand why, he should accuse himself of being guilty of such practices, in a public way. No one can understand why, after bringing the matter up in a similar form (but apparently in a less studied and premeditated way), last year, and receiving a prompt and sharp rebuke from the Society, he should again attempt the same thing, at the next meeting. We cannot believe that the Doctor's ability is such that it will not enable him to

understand the position he has taken. We are personally acquainted with a large number of the Doctor's associates and know they are not men of this character. He does not state, whether it is the result of investigation, nor does he designate any of the paths of his investigations. Finally, we must acknowledge, we can see no motive, we can see no ground for such charges, and we are loath to believe that the Doctor has become irresponsible.

#### IOWA STATE MEDICAL SOCIETY

The late meeting of the Iowa State Medical Society was the most successful that has ever been held. It was not the largest, but it was well attended. The work of the Society, comprising new and unfinished business, was very satisfactory.

The amendment to the constitution, providing for the election of six trustees, will make that body less unwieldy, and less difficult to obtain a quorum. Of the other amendment, a standing committee on State Medicine, and one on Diseases of the Mind Nervous System, are additions that have been long needed.

If the annual meetings are intended to be instructive, special committees, like the above, and those devoted to any special branch of medicine and surgery, are the ones, from which the greatest benefit is to be derived, although the general work is probably more interesting, and conducive to discussion.

The unobjectionable and much needed part of Dr. Scofield's amendment was finally placed in acceptable shape, where it should, and probably will, be passed at the next annual meeting.

The amendment, added to the by-laws, requiring the nominating committee to present, to the Society, the names of the two candidates, for president, receiving the highest number of votes, will throw the election into the Society, and make it necessary to take a formal ballot; whether the benefits will compensate for the loss of time, and the confusion, is very doubtful. The intent is undoubtedly good, to give

every member a chance to express individual views; it is supposed that he exposed them, when he elected and instructed his member of the nominating committee.

The president's address was timely, and well received. The report of the committee on the president's address fully expressed the sentiment of the Society.

Forty per cent of the papers prepared for the several sections were omitted, and yet, the time was fully taken up. Of the papers omitted, many were from writers of whom we would expect papers of more than ordinary merit.

Of the papers read, those by Drs. Darnall, Robertson, and King, were entitled to special commendation for merit, on the ground of originality, study, preparation, and general excellence, although there were others equally good that did not contain the amount of new work.

The time apportioned to the papers and work of the Society is not adequate. It is a difficult matter to arrange. The chairmen of the sections are required, by the constitution, to examine the papers and if too voluminous, or too many, to report in synopsis; this, is discretionary, and no chairman would feel like assuming it. The chairman should be careful to caution the authors of papers to make them short and he must not invite too many. The other way, is to lengthen the session by commencing one day earlier in the week.

The committee on arrangement, in order to do justice to each section, should so arrange them that their relative positions on the program, shall be changed, from year to year, so that each section can, in turn, have a place in the early part of the session. Now that there are additional standing committees a change of this kind has become imperative; otherwise the Society must expect that these sections, which habitually come at the latter part of the session, will lose the interest of the Society. At the last session, if all the papers on the program had been prepared and presented it would have been necessary to omit several sections.



—THE—  
IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, JULY, 1885.

No. 11.

ORIGINAL ARTICLES.

REPORT UPON THE PROGRESS OF  
OPHTHALMOLOGY AND OTOL-  
OGY.

BY C. M. HOBBY, M. D., IOWA CITY.

[Prepared for the last meeting of the Iowa State Medical Society.]

The record for the past year, in the fields of special surgery, bids fair to be a memorable one, the advance being marked all along the line. To the workers in these fields, the profession at large, has been indebted, for many of the solid facts in pathology, for the development of means of physical exploration, and for the scientific establishment of the value, and the *modus operandi*, of nearly all the drugs, of which we possess rational knowledge, as distinguished from purely empirical observation.

The experience of the ophthalmologist stands firm against the spread of nihilism in therapeutics and while recognizing the value of non-medical therapeutics, accords to a few drugs potency, as great for good, as the wildest hopes of the enthusiastic herbalist. In this direction is the rapid establishment of the anesthetic properties of cocaine. Nothing in medicine so typifies the scientific progress of the nineteenth century, as the rapidity with which the knowledge of this article was spread, and its use adopted. In two special fields of surgery it has opened new possibilities of treatment.

In ophthalmology and genito-urinary surgery its discovery will have a more important effect, than the discovery of ether. In ophthalmology its principal results are added comfort to the patient, avoidance of the occasionally

disastrous effects of vomiting after operations under general anesthesia, increased rapidity of work, and therapeutically in the control of iritis. The first public announcement of the anesthetic properties of cocaine was at Heidelberg, September 15, 1884, only about eight months ago. The first publication in this country was in the *Medical Record* of October 11th. The first use in America was reported in the *Medical Record* of October 18th. And in Iowa the acetate of cocaine prepared by Professor Hinrichs, of the State University, was successfully used in a strabismus operation October 29, 1884.

So far as I have been able to learn no disastrous consequences have resulted from its use. Having employed it for anesthetic purposes in more than one hundred cases, I have noticed but three unpleasant effects. First, from loss of elasticity of the cornea, the extraction of hard cataract is rendered more difficult, but this is apparently compensated for by the greater immunity from iritis. Second, In two cases, where used hypodermically, constitutional symptoms of gravity have appeared; in both instances the patient became sleepy, then pale, then covered with profuse perspiration, and complained of that indescribable discomfort, to which we give the name "precordial anxiety." The discomfort passing away in about ten minutes left the patient in both instances, with no serious disturbance. Third, In two cases after hypodermic use, cellular abscesses have occurred, probably attributable to the fungus growth, which forms in the solution, after standing for several weeks.

As the abbreviated synopsis of oph-

thalmological progress for a year occupies more than one hundred pages of the *Archives of Ophthalmology* I shall only refer to a few matters of interest to the profession at large, and consider them from an individual stand-point.

**ERRORS OF REFRACTION.** From time to time the alarm is sounded in the journals over the increase of myopia, and the profession is warned of the dangers of deficient light in school rooms, of the necessity of preventing pupils from holding the book too close to the eyes, etc. I have heretofore called attention to the fact that the statistics of myopia, have been drawn to an unusual extent from centers of population, and that many factors enter into the formation of the myopic eye. I very much doubt if poor light, or the habit of holding the book close to the eye, ever produced myopia in an otherwise healthy eye. Confirmation of this opinion is found in an analysis of 9567 examinations by Tchenning in Copenhagen, although he traces a considerable proportion of the cases to studious habits. The conclusions I have arrived at, from examinations of students, and from patients are as follows:

First, Myopia may be inherited; this is especially true of myopic astigmatism.

Second, That the very considerable use of the eyes at short distances, for consecutive generations, produces congenital tendency to myopia. Successive generations of studious men, and successive generations of city dwellers increase the proportion of myopia.

Third, Amongst those who have for generations, used their eyes for distant vision mainly, the accommodative power works accurately at great distances. The acuteness of vision displayed by the American Indian, requires a voluntary adjustment of the ciliary muscles, so slight as to verge on the infinitesimal; in such cases myopia only occurs as a disease, and hypermetropia to a moderate extent is generally present.

Fourth, The persistent habit of holding the book close, should always be investigated; instead of reprimanding a child for an apparent habit, let the teacher search carefully for the reason

for the habit. I believe it is almost invariably associated with some defect of the vision, and in Iowa this defect will frequently prove to be hypermetropia or astigmatism. I have also found under such circumstances, polar cataracts, neuclear cataracts, zonular cataracts, retinitis pigmentosa, and so-called atrophy of the optic nerve.

In the measurement of errors of refraction there are now a multiplicity of labor saving appliances, but nothing has yet enabled us to do better work, than test-glasses, assisted by atropia or homatropine, and the ophthalmoscope.

In hypermetropic astigmatism, of persons upwards of fifteen years of age, great difficulty is frequently encountered in affording satisfactory relief. While the mathematical determination of the glasses required, to bring the refractive power of the eye to the normal standard, is easy, their application frequently fails, and I have had cause to regret allowing a patient to pass from under observation before having a thorough experience with glasses.

The reasons for this are easily found. The ciliary muscle of the astigmatic hypermetrope attempts to correct the refraction of the eye, by irregular contraction, and when the proper glasses are applied this action produces a new astigmatism with greater discomfort.

The procedure that I adopt in these cases at present is as follows:

First, Test the apparent refraction of the eye, before the use of the mydriatic; these patients frequently change the action of the muscle, as indicated above, and their answers appear contradictory, however by first getting the meridian of greatest or least refraction, of one eye, then after fifteen minutes, of the other, testing the patient not more than five minutes at a time, the result is obtained.

Second, By the ophthalmoscope in the dark room, without the mydriatic; a measurement is made.

Third, The accommodation is thoroughly paralyzed, preferably by atropia, two per cent. If by homatropine, then it must be used at short intervals, and the actual refraction is determined.



If, as is rarely the case, the three agree, then the patient will at once bear full correction.

If the apparent and real differ but moderately, not more than 0.75d, then the full correction will probably be borne by the patient, with only temporary inconvenience. If the ophthalmoscopic determination is about a mean of the other two, then it will usually be borne with little inconvenience, and the patient advised of the necessity of change ultimately.

If the apparent and the ophthalmoscopic agree, and the real differs materially, trouble may be anticipated and the patient should be kept under observation. In such cases, I know no better way than the "rule of thumb." Let the patient spend half an hour a day in using test-glasses, until the maximum correction borne, both for distant and near points be found, and the patient provided with two (or perhaps three) pair of glasses, and instructed in the desirability of overcoming the difficulty, that prevents full correction. Where such cases have been accompanied with disturbance of the nervous system, I have resorted to the expedient of keeping the accommodation under subjection with atropia for prolonged periods of time.

The discussion as to the value of disinfectants, and antiseptics is in about the same condition in ophthalmic surgery that it is in general surgery. The intolerance exhibited by the conjunctiva to carbolic acid and to bichloride mercury may, perhaps, account for the fact that the so-called antiseptic surgery has not been as universally applied to operations upon the eye as to other operations.

The use of spray complicates the difficulty of cataract extraction, and is probably omitted by those who claim to operate antiseptically, but the tacit recognition of germ infection as the source of suppurative processes following operations, has unquestionably modified the practice of those, who claim as good results without antiseptics, as are obtained with. The careful cleansing of instruments, washing the face and the conjunctival sac, previous to operations

for cataract; the recognition of danger from even slight chronic catarrh of the conjunctiva, or of the lachrymal sacs, have done much towards diminishing the dangers of suppuration.

In two instances in which the preliminary white line, with œdema of the lids following cataract extraction indicated commencing suppuration, the danger has passed away when the eye was frequently washed with a two per cent solution of boric acid.

The use of jequirity in conditions of vascular pannus has become a recognized method of treatment, although its first promises have not been fulfilled, as it carries with it the greater part of the dangers accompanying purulent inoculation, it should be reserved for cases otherwise hopeless.

The value of the ophthalmoscope in the diagnosis of diseases of the brain and nervous system, remains at about the standard fixed by Gower in his excellent work on Medical Ophthalmoscopy in 1882, inter-cranial changes can often be determined by the ophthalmoscope, but seldom located, so also lesions of the kidney can be recognized but seldom differentiated. Retinal changes occurring with diseases of the brain present a sufficient variety of characters to lead us to hope eventually to be able to make the ophthalmoscope a means of differentiation, but excepting the constant accumulation of observations, we are apparently no nearer that point than we were ten years ago.

As another link which may find its place in the complete chain, I have in a single instance of so called albumenuric retinitis, accompanied with a great amount of white exudation, found the urine *enormously* loaded with tyrosin. Was the tyrosin a product from urea? If so, why should it find such ready elimination, while the urea was eliminated with difficulty?

Was there any connection between the tyrosin (which was being excreted at an apparent rate of from 300 to 500 grains per diem) and the retinitis? I hope that cases of albumenuric retinitis will be examined in reference to the presence of tyrosin.

I am pleased to be able to lay before you a decided therapeutical advance in the treatment of acute suppurative inflammations of the middle ear. It is shown by Gottstein, *Archives of Ophthalmology*, December, 1884, that after thorough cleansing the ear the insufflation of calomel into the middle ear, through the perforation of the membrane, is usually followed by early cessation of the discharge.

The recognition and arrest of suppurative inflammations of the middle ear, so commonly occurring in connection with scarlet fever and measles, will do much to diminish the total amount of deafness. Since the article appeared I have treated eight cases of acute suppurative inflammation of the middle ear with the uniform result of cessation of the discharge within ten days, and preservation of the normal acuteness of hearing. The details of the treatment are briefly these:

First, The ear is thoroughly syringed then with the air bag the tympanum is freed from any remaining discharge or water, and the canal dried with absorbent cotton. Second, the calomel is blown into the external ear by an ordinary glass dropper. Third, The treatment is made at first daily, then as the discharge diminishes, on alternate days. As in the treatment of any of the many forms of suppurative inflammation of the middle ear it is a prerequisite to success, that the treatment be carried out by the surgeon himself.

During the past year much has been written in reference to the supposed influence of diseased teeth in the production of aural disease, and especially in reference to diseases of the ear, caused by the retention of teeth with dead or removed pulps.

While it is apparently true, that those constitutional conditions, which lead to early decay of teeth, predispose to diseases of mucous membranes, and while coincidence of both toothache and ear pain, are not rare, yet I have not as yet satisfied myself in any particular instance, that the disease of the teeth produced disease of the ear.

Does quinine or salicylic acid ever produce permanent deafness? That

quinine produces temporary impairment of hearing is admitted, the same is true of salicylic acid, and every practitioner encounters cases where deafness is attributed to a former cinchonism.

Since it is established that quinine may produce amblyopia, and that the amblyopia thus produced is followed for a long period of time, if not for ever, by a contraction of the visual field, we are led by analogy to the inference that it is possible that a similar result may be produced by the same means upon the organ of hearing.

We should expect that any effort of this kind would be manifested, either in the internal ear or centrally, certainly not in the middle ear. For the last three years I have examined all cases of deafness in reference to the possibility of quinine or salicylic acid having been the cause, and thus far my results have been entirely negative, every case attributing deafness to the effects of quinine, having had abundant cause for that deafness, either in impaction of cerumen or in middle ear disease.

#### THE LAST SICKNESS AND DEATH OF DR. FRANK HUNTER OF NEWTON.

BY J. R. GORRELL, M. D., NEWTON.

[Read before the Jasper County Medical Society and, upon the motion of Dr. J. H. Moore, the paper and poem were ordered to be sent to the IOWA STATE MEDICAL REPORTER for publication.]

On the evening of April 4, at about 10 o'clock, Frank Hunter was suddenly attacked with severe pain in the right hypochondriac region. The pain was intermittent in character, followed by nausea and vomiting soon after its commencement. The pulse and temperature were normal.

The conclusion, somewhat hastily formed, was that the severe pains were produced by the passage of gallstones. The symptoms taken in connection with the fact that at one time last winter, in a similar attack forty-seven gallstones were passed, seemed to justify our diagnosis. The treatment at first consisted of hypodermic injections of morphia and the inhalation of chloroform.

In connection with these symptoms



at times there were severe pains in the right iliac region radiating over the abdomen, which led us to fear a low grade of peritoneal inflammation.

For several days previous to his sickness, he had complained of a feeling of soreness in this region, and for a time this was completely obscured by the more severe pains in the region of the liver, but they soon became almost constant, and general instead of local as at first. Early Sunday morning there was a general hardness of the abdomen; accompanied by tenderness on pressure and slight tympanites. These symptoms continued about the same throughout the day. The attacks of pain in the region of the liver were fewer in number than during the previous night, and Sunday night he secured a few hours sleep, but Monday morning about 7 o'clock a sudden collapse announced what was supposed to be perforation of the ductus communis choledochus or duodenum.

The prostration gradually became more marked until 11 o'clock Monday night when death took place.

The treatment throughout his sickness was mainly morphia, combined with stimulants, after perforation had occurred.

The morphia was given hypodermically in full half grain doses, so that he was kept partially under its influence all the time. As nothing put into the stomach was retained more than a few minutes, efforts were made, but without success, to maintain his strength by rectal alimentation, consisting of brandy, whiskey, and milk.

A post-mortem held Tuesday, at 1 p. m., showed no gallstones either in the gall bladder or duct, but simply an over distended condition of the gall bladder, and obstruction of its duct by inspissated bile. The appendix vermiformis was attached to the abdominal walls by strong, and apparently old adhesions.

A perforation was found just below the ileo-cæcal valve evidently due to an old ulcer.

The abdominal cavity contained at least two pints of sero-purulent matter, while the peritoneum, especially over

the omentum, showed evidence of a high stage of inflammatory action and was in many places ready to break down from degeneration of tissue.

Death in this instance occurred from acute peritonitis, but whether due to obstruction of the gall duct or from an ulcerated condition of the intestines in the iliac region, I decline to give an opinion, as the peritoneum was very much inflamed at both points. That death resulted from collapse, consequent upon perforation there is no doubt, but whether perforation would have occurred had not vomiting been so persistent I do not know. Had suppurative peritonitis existed without perforation, we now believe he might have been saved by a surgical operation for the removal of the pus; even with the perforation, an incision through the linea alba for the escape of purulent matter could not have resulted more disastrously, and it might have, at least, prolonged his life. In every case of peritonitis, where I have assisted in the post mortem, the abdominal cavity has contained from one pint to several quarts of sero-purulent or purulent matter.

If this amount of foreign matter were known to exist in any other organ or cavity, an attempt for its removal would undoubtedly be made.

If the serous membranes can thus be punctured or incised without injurious results in the one case, as shown by the opening of the pleural cavity or the pericardium—why may we not with as reasonable a hope of success under similar circumstances, subject the peritoneum? An early operation would involve needless danger, but if the patient's life is in immediate danger, and a quantity of pus believed to be present in the abdomen, we will from this time forth advise and insist upon its immediate removal by abdominal incision.

We are not without precedent in advising this mode of treatment in acute suppurative peritonitis.

The *Therapeutic Gazette* mentions several cases showing that it has been, and can be, successfully performed.

The London Hospital last February, reported a case of acute diffused periton-

eal inflammation, due to the bursting of an abscess into the peritoneal cavity. This was removed, the contents of the abdomen thoroughly washed by many quarts of water, and a drainage tube inserted.

St. Bartholomew's Hospital records a case of circumscribed peritonitis occurring in a medical student, æt. 19. An incision near two inch long was made in the linea semilunaris and nearly two pints of foetid pus evacuated, the abdomen thoroughly cleansed, and a drainage tube inserted.

Both of these patients were in critical conditions, with death apparently near. Both, however made good recoveries. The treatment is new and heroic, but when all other means fail, it certainly cannot be objected to as a last resort, and we hope and believe the time will soon come when it will be given a fair trial.

Frank was in his 28th year. He graduated with high honor the first of March in the Missouri Medical College, in St. Louis. He was at all times warm hearted, social, and genial. He was the soul of honor socially and professionally. His education was fair, and he possessed rare ability as a writer, combining wit, humor, satire, and pathos. He was deeply in love with his profession. In surgery especially he would have ranked far above the average. As an assistant and operator, he was cool, bold, and cautious. His tastes, hopes, and aspirations, are well described in the following original poem, written the day after his death, by a young lady in Newton.

Panting with anxious unrest,  
In the bright morn of his life,  
Eager to join in life's race,  
And plunge in the world's great strife.

Watching with raptured delight  
The laurel crowned temple of fame,  
Longing to climb her heights,  
And twine her fair leaves around his name.

Ambition awoke the desire;  
Hope quickened the flame in his breast.  
Youth promised her strengthening aid,  
To lighten and grant their behest.

But just as he girded the armor on,  
Already to start on the race,  
Death came with his shining sickle,  
And swept him away from his place.

Dead, in the day dawn of his life?  
'Tis sad to be thus bereaved,  
For who knoweth, had he but lived,  
What triumphs he might have achieved.

Dead, in the day dawn of his life?  
Gone to the Day above,  
But oh, what hearts will sicken and grieve  
For the tender, bright light of his love.

Dead, in the day dawn of his life?  
We echo with muffled breath,  
For who knoweth why in the bright dawning  
He plighted troth with Death.

But Death, like mortals on earth,  
Loveth the bright and fair,  
And in his far off silent Kingdom,  
He'll guard him well with tenderest care.

Then lay him gently away,  
On the field where he hoped to win fame.  
Where the bright deeds of his life, like a halo,  
Shall brighten forever his name.

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## REPORT OF CASE.

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### AN UNUSUAL CASE IN MID-WIFERY—PLACENTA PREVIA AND TWINS.

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BY JAS. T. PRIESTLEY, M. D., DES MOINES.

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May 27, 1885, I received an urgent call to attend, as accoucheur, Madame Larson, a native of Sweden, a poor, weak, debilitated woman of forty-six years of age and the mother of eleven children. I found, upon my arrival, that a mid-wife had been called to attend the lady, but who, upon making an examination, pronounced it a very dangerous case and advised them to send for an accoucheur and then retired from the case.

The woman gave a history of normal pregnancies and remarkable easy labors, but said that this pregnancy was different from the others as she had been having repeated, frequent, and alarming hemorrhages during the last month. As she finished telling me this history, a contraction of the uterus took place and a perfect deluge of blood came through the vulva. Passing my finger up the vagina I soon discovered that I had a placenta previa to manage. I requested the husband to bring Dr. Currie to my assistance. Another contraction took place, and I saw that to hesitate any longer would be death to the mother. I passed my hand into the vagina and tried to separate the placenta, but it was so firmly adherent that I despaired of separating it; I then plunged my hand through the placenta, found the feet, and brought down one, and then



the other foot. I drew the fœtus through, so its hips were in the os, and then paused, thinking the fœtal body would make pressure enough to control the hemorrhages. The hemorrhages continued as rapidly as before, I then brought down the arms and let the head occupy the os, thinking again, to get pressure enough to check the hemorrhage and to give the uterus time to regain itself, but again, I was disappointed, the hemorrhage kept on. I rapidly delivered the fœtus and found the hemorrhage still excessive. I placed my hand on the abdominal wall, to compress the uterus, and found there was a second fœtus. I again rapidly passed my hand into the uterus, caught the feet of fœtus number two and brought them down, leaving the hips to compress the placenta at the os, thinking that the reason the first fœtus could not produce pressure enough to check the hemorrhage was because of the presence of the second fœtus. Again, it failed. There was both internal and external hemorrhage. I brought the fœtus down and paused when the head was in the os, as I did not want to empty the uterus so rapidly, still there was excessive hemorrhage. I then delivered the second fœtus, seized the uterus, making firm compression, and out came the placenta of fœtus number two, but the hemorrhage was not checked. I now saw the hemorrhage was from the torn placenta of fœtus number two. I found the placenta so adherent that I had to peel it away with one hand while I compressed the uterus with the other. My only assistant, a young married woman, distinguished herself by fainting and falling upon the floor. Dr. Currie soon came in and I requested him to try to resuscitate child number one, which gave no evidence of life. (Child number two was crying lustily.) The Doctor worked faithfully but could not resuscitate it. He then came to my assistance, compressed the uterus firmly and relieved me in peeling away adherent placenta which had been allowing the blood to pour through it the same as through a sieve. We then gave the non-pulseless woman, who looked as if kind

father death had relieved her of all further trouble, hypodermatic injections of ergot and whiskey. Three syringes full of ergot and ten of whiskey. In about an hour, the uterus contracted strongly and the pulse in the wrist came back; reaction, was established nicely in two hours, and our woman, out of present danger. Of course we had elevated the foot of the bed, lowered the head, and compressed the aorta.

Here, I had several complications: First, a weak woman, forty-six years of age, mother of eleven children, and consequently, a uterus likely to want tone; Second, complete and entire placenta previa; Third, twins; Fourth, adherent placenta.

Result—A live mother, one living, and one dead child.

If I had had any one to inflate the lungs of child number one I would have saved it.

I could not leave the poor mother long enough to resuscitate the child and it perished from want of attention.

The woman made a complete recovery in two weeks.

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## CORRESPONDENCE.

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FT. DODGE, June 25, 1885.

*Editor Reporter*—The medical practitioner so frequently meets with the evil results of opium and its preparations that it becomes his duty as a guardian of public health to use his best endeavors to prevent the formation of the habit.

Every drug store, whether in city or rural village, has its regular customers, and it would be interesting to know the actual number addicted to its use, but so much secrecy is employed by its votaries that this can never be known.

In every case of opium habit, a physician is accused of carelessness in the use of the remedy, though in truth, he is practically never at fault in these instances. True, opium is prescribed by him, but always for so brief a period that no evil consequences can ensue. No fixed habit is ever thus formed. But the amount prescribed, and proper for the patient to use, is consumed, and

without the knowledge of the physician, the prescription is refilled, or the patient orders for himself; and, establishing the practice, charges the profession with his ruin.

On December 4, 1884, I visited W. O. suffering from a painful injury to the foot. Morphia was prescribed for one week. A fortnight later, by some accident, I discovered a box of morphia granules which he had ordered and was taking for their pleasing effect.

A brother practitioner gave morphia in a case of abortion. The lady began ordering regularly for herself whenever in slight pain thereafter, and is now a regular consumer of the drug. Dr. ——— receives the credit as is well known to all her friends.

Similar instances have been observed by every practitioner, and it is thus, we think, that every case may be traced to its origin.

Because we use the drug scientifically is no reason for censure at its abuse by others. The patient and the druggist are alone responsible for the result.

If the use of opium be left in the hands of the physician, it is safe to say that the habit will never be contracted, save in those rare cases of malignant disease where it is purposely produced.

The same is true of chloral and other narcotics.

This class of dangerous drugs should be scheduled by our State Board of Health, and together with the facts, submitted for proper legislative action.

In this schedule should also be placed that class of drugs known as oxytocics.

These when sold not in physician's prescription are invariably used for the production of abortion. Druggists have a considerable trade in them; the most common being cotton root, savin, tansy, and ergot.

If the sale of these drugs be prohibited by statute, with a heavy penalty, except when sold *on prescription* of a reputable practicing physician, prescription never to be refilled without his special order, we need not fear the use nor the abuse of any of these remedies.

J. W. KIME.

## SOCIETY REPORTS.

### NORTH IOWA MEDICAL SOCIETY.

POSTVILLE, June 5, 1885.

The twenty-sixth annual meeting of this Society, was held at city hall, in Postville, on Friday, June 5, 1885; the President, Dr. C. H. Hamilton, Dubuque, presiding.

There was a good attendance, and renewed interest.

Drs. D. H. Bowen and W. T. Gilchrist, Waukon, upon a favorable report from the Censors, were admitted to membership.

The retiring President, Dr. C. H. Hamilton, read his annual address, a paper of more than ordinary interest in this profession, and received the thanks of the Society therefor.

The regular subject for discussion (cancer), was then taken up and discussed by all the members present, many of whom illustrated their views with reports of cases.

Dr. W. C. Lewis, Clermont, strongly advised the letting severely alone of all cases of real cancer, especially of the encephaloid variety, that is so far as local treatment is concerned, believing that as a rule, life was shortened by active measures. He believed that cancer was, in a marked degree, hereditary, the opinion of high authorities, Willard, Parker, and others, to the contrary notwithstanding.

The opinion prevailed that tobacco does not produce cancer, but that the tobacco pipe, may and often does.

Dr. Jewell thought that growths of different kinds naturally benign, are developed into cancerous growths by caustic treatment. Remove non-malignant growths early, and thus prevent this danger.

Dr. C. H. Hamilton reported an interesting case of gunshot wound of face, Ball still remaining with no bad results.

Drs. J. C. Crawford and J. S. Roome, were appointed essayists for the next annual and semi-annual meetings.

Officers elected for the ensuing year are: *President*, P. M. Jewell; *Vice-*



*President*, J. C. Crawford; *Secretary and Treasurer*, L. Brown; *Censors*, W. C. Lewis, J. S. Roome, and L. Brown.

*Delegates to American Medical Association*—W. C. Lewis, C. H. Hamilton, and L. Brown. *Delegates to Iowa State Medical Society*—J. C. Crawford, W. T. Gilchrist, and D. H. Bowen.

By vote of the Society, Dubuque county was added to the territory embraced by this Association.

Splints and Bandages and their Application was chosen as the next subject for discussion.

The city of McGregor was chosen as the place, and December 4th as the time, for holding the semi-annual meeting.

Adjourned.

L. BROWN, *Sec.*

#### CENTRAL DISTRICT MEDICAL ASSOCIATION.

JEFFERSON, June 16, 1885.

The Eleventh Annual Meeting of the Central District Medical Association of Iowa was held at Jefferson, June 16, 1885.

Present: Drs. Chas. Enfield, *President*; A. A. Deering, *Secretary and Treasurer*; H. D. Ensign; W. S. Schermerhorn; J. D. McVay; G. D. Rowe; G. H. Grimmell; O. W. Lowry; C. O. Hood; A. L. Wright; D. S. Fairchild; L. R. Sale; and L. J. Alleman.

The records of the last meeting were read and approved.

The Board of Censors reported, recommending the following gentlemen for membership in the Society and they were duly elected: J. H. Lyons, Moin-gona; F. D. Cass, Churdan; Ira D. Payne, Linden; E. B. Plumb, Ames; J. M. Sherman, Paton.

Dr. Townsend, Lohrville, was made a member by invitation.

The Committee on Ethics preferred charges against a member for advertising and the time for trial was set at the next regular meeting.

The Treasurer reported showing a balance of \$132.21 on hand.

On motion the report was adopted.

The Secretary reported the membership of the Society including those received to-day as forty-three.

The annual address of the President

was listened to with marked attention; it was a very practical paper upon the work of the members of this Society and elicited an interesting discussion.

The following officers were elected for the ensuing year: J. D. McVay, *President*; H. D. Ensign, *Vice-President*; A. A. Deering, *Secretary and Treasurer*.

On motion of Dr. Wright, Boone was selected as the place for holding the next meeting.

Drs. Alleman, De Tarr, and Deering were appointed a committee of arrangements.

Dr. Alleman introduced the subject of Tracheotomy in Croup and Diphtheria by a very lengthy and exhaustive article giving a review of the literature of the subject at the present day.

The discussion showed that most of the members were in favor of the operation and that the results at the present time were very favorable indeed.

The subject of Placenta Previa was presented by Dr. Schermerhorn and a lengthy and interesting discussion followed, participated in by many of the members.

Resolutions upon the subject of Medical Legislation were presented by Dr. Lowry and adopted by the Society.

Drs. McVay, Lowry, and Fairchild were elected a committee on Legislation.

The President made the following appointments—*Board of Censors*: Drs. Schermerhorn, Alleman, and Lowry. *Committee on Ethics*: Drs. Enfield, Wright, and Fairchild. *To Present Subjects at the next Meeting*: Drs. Ensign, Lowry, De Tarr, Hood, Grimmell, Sturgeon, Plumb, and Sale.

Dr. Fairchild on the Germ Theory was continued over to next meeting.

The Society adjourned at 10 p. m. after a very interesting session.

A. A. DEERING, *Sec.*

KANSAS LAW JOURNAL. We acknowledge receipt of a supplement of the *Kansas Law Journal*, containing the prohibitory, pharmacy, dentistry, and board of health laws passed at the last session of the Kansas legislature. Published by G. W. Crane & Co., Topeka. Price, 25 cents.

# IOWA ALUMNI ASSOCIATION OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN.

CEDAR RAPIDS, May 21, 1885.

The annual meeting of the Iowa Alumni Association of the Medical Department of the University of Michigan took place on the evening of May twenty-first at the parlors of the Northwestern Hotel.

Meeting was called to order by President, A. L. Worden, of Des Moines.

Members present were Drs. Rosa Upson, '81, Marshalltown; H. C. Huntsman, '51, Oskaloosa; Alice M. Stark, '79, Ottumwa; G. B. Ward, '80, Fairfield; R. A. Dunkelburg, '80, Denver; E. Amelia Sherman, '79, Independence; A. M. Garlock, '67, Dayton; Woods Hutchinson, '84, Des Moines; A. L. Worden, '79, Des Moines; John North, '68, Keokuk; G. E. Fullerton, '73, Marion; J. P. Morrison, '68, Traer.

Motion made, and carried, that date of meeting be changed from first to second day of meeting of State Medical Society.

Motion made, and carried, that the Secretary be authorized to have a list of State Alumni printed for distribution.

Official notes of last meeting read and approved.

Officers were elected as follows: *President*—John North; *First Vice-President*—A. L. Worden; *Second Vice-President*—G. B. Ward; *Secretary and Treasurer*—Rosa Upson; *Toast Master*—R. A. Dunkelburg.

Motion made, and carried, that the Secretary be authorized to invite Dr. A. B. Palmer of University of Michigan to favor us with his presence at our next meeting.

President North appointed as executive committee Drs. Worden, Hutchinson, and Upson.

Motion made, and carried, that Dr. D. W. Crouse be invited to become an honorary member of this Association by invitation.

ROSA UPSON, Sec.

# CEDAR VALLEY MEDICAL SOCIETY.

INDEPENDENCE, July 7, 1885.

The Cedar Valley Medical Society met at Fireman's Hall, Independence, Tuesday, July 7, 1885, for its annual meeting.

The following were present: Drs. Crouse, Fullerton, Ball, Norton, Richards, and Chase, of Waterloo; McCluer, Minges, Hillam, and Nitzche, of Dubuque; Wilson, Hill, Brainard, Penfield, Warne, Hunt, Sherman, and Dwyer, of Independence; Sherman, of Manchester; Sweney, of Cascade; Ward, and Dewey, of Fairbank; Wilson, of Summer; Hyde, of Brandon; Evarts, of LaPorte; Record, of Rowley; McClain, of Beaman; Reynolds, of Clinton; Whitley, of Osage; Thomas, of Carson; Fullerton, of Raymond; Weir, and Smith, of Jessup.

Minutes of January meeting read and approved.

Committee on constitution and by-laws reported, recommending that all practitioners who have been regularly in practice for ten years previous to the date of their application, shall be eligible to membership. Upon motion, the report was received, and, after some discussion, was adopted.

Seventeen members were received in full membership into the Society, making its present number thirty-eight.

Letters of regret were read from Drs. Staples, of Dubuque, and Morrison, of Traer.

Dr. G. H. Hill cordially invited the Society to hold their afternoon session at the Hospital for the Insane.

On motion unanimously accepted.

The next in order of exercises was passed, in order that several interesting cases might be considered.

Dr. Fullerton, of Raymond, reported two interesting cases that he had been attending. One of chronic diarrhœa, the other of persistent hæmaturia. The cases were assigned for diagnostic purposes to special committees. The former was given to Drs. Crouse, McClain, and Horton, who reported after due consideration of the case, that in their judgment the aetiology of the case was dis-



closed by *impure drinking water*, as several other members of patient's family were afflicted similarly, but not so seriously. They recommended close and careful attention to the source whence patient obtained his drinking water as a condition precedent to any permanent cure. The second case referred to a committee consisting of Drs. Minges, Sherman, and Evarts, reported the hæmaturia as a probable result of some kidney affection, but could not give a decisive diagnosis without microscopical examination of urine.

Dr. Richards, of Waterloo, presented a paper upon Typolitic Abscess with Fæcal Fistula, illustrating his paper by the subject whom he had treated to a successful termination, showing to the members the fistulous opening.

To Drs. Fullerton and Richards no small share of whatever success the meeting proved to be is due in the evident interest they manifested in their work.

An excellent paper on Perityphlitis was next presented by Dr. Horton, of Waterloo, with notes of a case treated by himself, and Dr. Fullerton, of Waterloo.

Dinner being announced at this stage of the proceeding the Society adjourned as previously announced to convene for its afternoon session at the Hospital.

#### AFTERNOON SESSION.

The Society re-convened at Hospital Chapel, at 3 p. m., the members having been very courteously shown through the various wards by Drs. Hill, Brainard, and Penfield.

Dr. Fullerton, of Raymond, having been called away his paper upon Erysipelas was deferred to a future session.

Drs. Pierce, and Eddy, being absent, the same disposition was made of their papers.

Dr. Brainard gave what proved to be one of the features of the session in his talk upon Progressive Paresis, illustrating his subject by patients from the wards of the Hospital.

Dr. Hill gave a description of the classification of the inmates of the Asylum, and read a paper entitled *Is Insan-*

*ity in Iowa Increasing?* He also reported a case of resuscitation of a patient who had taken an over dose of opium.

Officers for the ensuing year were elected as follows:

Drs. B. McCluer, *President*; W. B. Sherman, *Vice-President*; C. S. Chase, *Secretary and Treasurer*.

The following resolution was adopted:

*Resolved*, That this Association hereby desires to express its appreciation of the courtesies shown its members by the members of the Buchanan County Medical Society, and especially to Supt. Hill and Drs. Brainard, and Penfield, of the Asylum, for attentions received from them—as well as the hospitality of the institution.

Upon motion Society stood adjourned to meet the second Tuesday in January, at Waterloo.

CHAS. S. CHASE, *Sec.*

BENJAMIN MCCLUER, *Pres.*

#### DECATUR COUNTY MEDICAL SOCIETY.

LEON, June 12, 1885.

Decatur County Medical Society called to order by the President at 11 a. m.

Dr. O. W. Foxworthy was recommended for membership, and he was duly elected.

Next in order was election of officers, which resulted as follows: Dr. H. B. Horner, *President*; Dr. W. Van Werden, *Secretary*; Dr. H. C. Van Werden, *Treasurer*.

Members present: Drs. Doolittle, Horner, Gardner, Layton, McClelland, W. Van Werden, H. C. Van Werden, and Foxworthy.

Dr. Layton then reported a case of Catarrh of the Stomach, and Atrophy of the Liver.

After an interesting discussion, the Society adjourned to meet again at 1 p. m.

Society called to order at 1 p. m.

The name of Dr. N. J. Hyatt was proposed for membership, and he was duly elected and then notified of the same.

The Committee on State Medical Leg-

isolation reported progress, and asked for more time, which was granted.

There was a general discussion of the subject in which all the members expressed themselves as being in favor of Medical Legislation. The final discussion and disposition of the subject is to be at next regular meeting.

On motion, time of meeting was extended to every two months, instead of every month, making the next regular meeting on Friday, August 7.

W. Van Werden, *Sec.*

### MITCHELL COUNTY MEDICAL SOCIETY.

STACYVILLE, July 15, 1885.

The twenty-fourth semi-annual meeting of Mitchell County Medical Society was held with Dr. Brainard, Stacyville, July 15, 1885. The day was beautiful, and the attendance large, every member being present except Dr. D. E. Cutler, who was detained at home by severe indisposition.

At 1 p. m., seated around a fragrant and sumptuous table beneath the wide spreading maples which surrounded the doctor's pleasant home, Dr. A. H. Moore and wife, Dr. Blackman and wife, Dr. Rolfe and wife, Dr. Bundy and wife, Dr. Cobb and wife, Dr. Fellows and daughter, Dr. M. L. Cutler and wife, Dr. Whitley and wife, Dr. Gable and wife, Dr. F. W. Chase and wife, Dr. A. B. Cutler and wife, Dr. Hill, Dr. Brainard and wife, and Dr. S. B. Chase and wife, with friends, fanned by gentle breezes feasted with much satisfaction upon the epicurian viands prepared in abundance by the doctor and his estimable wife. And here permit me to say that should any of your readers question the gastric ability of the Mitchell County Medics, or the culinary qualifications of her fair daughters, we invite personal inspection at our next gathering.

After dinner, in a shady nook, the Society was called to order by the President, Dr. F. W. Chase, and its routine business completed. Dr. Hill then read an interesting and instructive paper on the temporary teeth, which elicited general discussion. Some divergence

existed as to the proper time to lance the gums of infants, yet all agreed that we do not lance them as often as comfort and health demand.

Dr. Fellows reported a mirthful case of clairvoyance, the luminous scintillation of an ancient clerico-medic; and humorously described the bewildering stare as the wife naively remarked in answer to an inquiry about the patient's tobacco habit, when with owlish wisdom hidden pathological mysteries were being revealed, "why, doctor, cannot you see how that is?"

Dr. Bundy reported a case of puerperal convulsions, attributable he thought to the excessive amount of albumen present. Hypodermic injections of morphia sulphate relieved the spasms, and potass acetus and infusion of digitalis removed the albumen and relieved the patient, so that she went to term and was kindly delivered in about a month.

Dr. S. B. Chase reported a case of congenital deformity, an abdominal tumor about the size of a pint bowl inverted, with peritoneal covering, the cord protruding from the center. Otherwise the child was healthy and the functions of life normal. Death supervened on the twelfth day, an operation or post-mortem having been declined by the parents.

Dr. Cobb reported a case of white gangrene of some months standing, in a Dane girl about 21 years of age, without any traceable hereditary cause. The patient is slightly anæmic, otherwise her general health is good. In the early history of the case the uterine function was impaired, but now is normal. The disease attacks the lower limbs, and comes on usually in the night, making its appearance in elevated, white spots or patches surrounded by a red margin when at bed time the parts were apparently healthy. In a few days these slough, leaving an open ulcer which heals readily by healthy granulations, to be replaced, however, by similar attacks elsewhere. Dr. Rolf suggested a possible leprous origin. Dr. Whitley thought the ulcers healed too rapidly for that, and inquired whether the cause might not be due to peripheral embolism, as the ulcers were only skin



deep. Dr. Bundy questioned its embolic origin, and suggested pernicious anæmia. All decided that active supporting and alterative treatment was indicated, whatever the cause. The doctor said that no line of treatment appeared to arrest the disease; that he had tried in vain the remedies suggested in works which treat of the disease, which, by the way, are comparatively few.

Other cases were reported and discussed; the Society then cooled their stomachs with delicious ice cream, gave the host and hostess a hearty vote of thanks, bade them and each other a cordial goodbye, and, admonished by "the day's lengthening shadows"—separated for home—distances ranging from 10 to 20 miles, rested, refreshed and happy; and wondering why the medical men of every county in the State do not at least once a year enjoy a similar social and professional visit. Life would be more joyous and the profession more united and effective should they do so. The place for holding the next annual meeting was left with the Secretary.

S. B. CHASE, *Sec.*

## REVIEWS.

**PALATABLE PRESCRIBING.** By B. W. Palmer, A. M., M. D. Detroit, Geo. S. Davis. Flexible cloth, 8 mo, 136 pages. Price, \$1.

This book contains palatable prescriptions compiled from the private records of a large number of the most distinguished writers and practitioners. The prescriptions are so arranged and subdivided as to make it valuable for ready reference. To those not in possession of a work of this kind, it is well worth the price.

**THE DIAPHRAGM.** By J. M. W. Kitchen, M. D. Albany, E. S. Werner. Flexible cloth, 100 pages. Price, \$1.

This treatise was awarded the first prize offered by the *Voice*; the competition being open to all writers, foreign as well as American. Without doubt it is the best work on this organ in any language. It treats the subject under the heads: anatomy, physiology, and hy-

giene. While the book is written probably more for the vocal profession, its research and general instructiveness make it a valuable book for the practitioner as an adjunct to the general subject of hygiene.

**BACTERIAL PATHOLOGY.** New York, Industrial Publication Co. Paper, 43 pages. Price, 25 cents.

**SANITARY SUGGESTIONS ON HOW TO DISINFECT OUR HOMES.** By B. W. Palmer, A. M., M. D. Detroit, Geo. S. Davis. Paper, 12 mo., 58 pages. Price, 25 cents.

It is a practical little work, giving useful and general information on the household use of disinfectants. Useful alike for the profession and the laity.

**HAY FEVER AND ITS SUCCESSFUL TREATMENT.** By C. E. Sajous, M. D. Philadelphia, F. A. Davis. Cloth, 8 vo, 103 pages.

In the ætiology of the disease the author draws conclusions from his experience and from the theories of others—citing cases. In the treatment he refers to the general methods now in use, criticizing them by giving from his experience and others the relative value of each. The work, as a whole, is a well connected treatise on the subject. The author claims priority for his method of treatment. It is a valuable work for reference and study as it embodies the opinions and practices of the leading practitioners of the specialty to which it belongs.

**SURGICAL DELUSIONS AND FOLLIES.** By John B. Roberts, A. M., M. D. Philadelphia, P. Blakiston, Son & Co. 12 mo.

It is a neat, small volume of 52 pages. Its statements are clear and concise and the information it contains should be in the possession of every general practitioner.

**OLEATES.** By J. V. Shoemaker, A. M., M. D. Philadelphia, F. A. Davis. Cloth, 12 mo, 121 pages. Price, \$1.

This work gives the history, origin, manufacture, physiological action, and therapeutic effect of the oleates. It is a compilation of the results from experiments, and is therefore valuable. The name of the author carries with it sufficient weight and recommendation.

## IOWA HOSPITAL FOR THE INSANE.

INDEPENDENCE, June 1, 1885.

Movement of population for May:

	M	F	T
Remaining April 30.....	363	285	648
Admitted, curable cases.....	6	7	13
Admitted, incurable cases....	21	7	28
Total number treated.....	390	299	689
Discharged, recovered.....	4	1	5
Discharged, improved.....	5	2	7
Discharged, unimproved....	2	2	4
Discharged, died.....	1	0	1
Remaining, May 31.....	378	294	672

Respectfully,

GERSHOM H. HILL, *Supt.*

## IOWA HOSPITAL FOR THE INSANE.

MT. PLEASANT, June 1, 1885.

Report for May:

	M	F	T
Remaining April 30.....	271	225	496
Admitted in May.....	13	20	33
Returned from visit.....	4	1	5
Total under care.....	288	246	534
Discharged, recovered.....	2	4	6
Discharged, improved.....	5	1	6
Discharged, unimproved....	1	1	2
Discharged, died.....	2	3	5
Remaining, May 31.....	277	238	515

Daily average under care, males, 273;  
females, 232; total, 505.

Respectfully,

H. A. GILMAN, *Supt.*IOWA INSTITUTION FOR FEEBLE  
MINDED CHILDREN.

GLENWOOD, June 1, 1885.

Movement of population for May:

Present May 1.....	260
Admitted.....	2=262
Died.....	1
Present May 31.....	261

Respectfully,

F. M. POWELL, *Supt.*

## IOWA HOSPITAL FOR THE INSANE.

INDEPENDENCE, July 1, 1885.

Movement of population for June:

	M	F	T
Remaining May 31.....	378	294	672
Admitted, curable cases.....	7	6	13
Admitted, incurable cases....	18	9	27
Total number treated.....	403	309	712
Discharged, recovered.....	2	2	4
Discharged, improved.....	3	3	6
Discharged, unimproved....	4	1	5
Discharged, died.....	3	0	3
Remaining June 30.....	391	303	694

Respectfully,

GERSHOM H. HILL, *Supt.*

## IOWA HOSPITAL FOR THE INSANE.

MT. PLEASANT, July 1, 1885.

Report for June:

	M	F	T
Remaining, May 31.....	277	238	515
Admitted in June.....	24	17	41
Returned from visit... ..	2	4	6
Total under care.....	303	259	562
Discharged, recovered.....	6	2	8
Discharged, improved.....	5	1	6
Discharged, unimproved....	0	3	3
Discharged, died.....	1	0	1
Remaining, June 30.....	291	253	544

Daily average under care, males, 281;  
females, 243; total, 524.

Respectfully,

H. A. GILMAN, *Supt.*IOWA INSTITUTION FOR FEEBLE  
MINDED CHILDREN.

GLENWOOD, July 1, 1885.

Movement of population for June:

Present June 1.....	261
Admitted.....	0=261
Died.....	4
Present June 30.....	257

Respectfully,

F. M. POWELL, *Supt.*



THE  
Iowa State Medical Reporter.

DES MOINES, JULY, 1885.

EDITORIAL.

CONSISTENCY.

\* \* This school not only adheres to its strictly graded and extensive curriculum and long term, but has provided a fourth year term for such students as choose to avail themselves of it. *Editorial, Journal Am. Med. Asso., Sep. 29, 1883.*

\* \* How men of education and sometimes of rare talents, can allow themselves to pursue policies and indulge in practices in the name of a medical college, which they would instinctively shrink from as disgraceful in their individual professional capacity, is a mystery to us. There is only one item of comfort to be gleaned from all this unprofessional scrambling and bidding for students; which is that it is rapidly maturing a public sentiment, both in and out of the profession, which will soon lead to the enactment of such laws as will effectually separate from medical colleges the right to grant diplomas conferring the right to practice medicine. *Editorial, Journal Am. Med. Asso., Mar. 22, 1884.*

OFFICE OF  
JOURNAL OF THE AM. MEDICAL ASSOCIATION,  
65 RANDOLPH ST.

CHICAGO, August 7, 1883.

DR. —

Dear Sir — Your letter is received to-day. If you furnish us with a certificate from one or more members of the regular profession that you have attended one or more annual courses of Medical College instruction (need not say *what* college), and have been in practice several years, and are now in *good standing* in the *regular profession* where you live, we could admit you as member of the 3d year class and as a candidate for graduation at the close of the term the last week in March next, you would be required to undergo examination on all the branches the same as any other student.

Yours truly,

N. S. DAVIS.

P. S.—If you preserve this letter, bring it with you.

We believe the extracts, found above, were written by the author of the letter. The original letter we have in our possession, the party to whom the letter was addressed has been well known to us for a long time—by request the name is omitted. The identity of the handwriting, and the signature contained in the original letter has been fully established by exhibiting them to those familiar with the Doctor's handwriting.

The circumstances under which the letter was written and sent, are in substance these: The Doctor to whom the letter was addressed, had taken one course in an eclectic college, and had practiced a period of years. His practice was regular, and, being desirous of having a diploma, he made application, in writing, to several schools, setting forth the facts, that he had attended one course of lectures, at an eclectic school, and that he had been in practice for a period of years. The receipt of the above letter turned him from the school of which Dr. N. S. Davis is the dean and he subsequently took two full courses at a regular school and graduated.

The above explanations, associated with extracts and the letter, cannot be made stronger by comments.

We know that this will reach the eyes of many of Dr. N. S. Davis' friends, and that some of them, from their regard of him, may doubt the identity of the letter and with others, accepting it, will censure the REPORTER, and the owner of the letter, for its publication. In order that there may be no misunderstanding we set forth our position, which is as follows: We have not even a reasonable doubt but that the letter was written by Dr. N. S. Davis. Were he, like most other physicians, devoting his attention and time to private practice and holding no position of public trust, we would not, under such circumstances, give publication; therefore, in treating this subject, as far as Dr. N. S. Davis is concerned, we have nothing to do with Dr. N. S. Davis as a private individual, but, publish the letter and extracts as the inconsistent work of a man who is

open to public criticism, because he occupies a public position—a position of trust, and one touching the vital parts of professional ethics. It is the duty of every professional man to make public the betrayal of such trust, either directly or indirectly, in order that public morals and public practice may be kept pure, or may be purified. The attacks and criticisms (justly made) upon schools and institutions, other than his own, render him open to like criticisms, etc., as a representative of a medical school.

If, upon investigation, it can be shown that we were in error as to the identity of the letter, we hold ourselves, at all times, ready and willing to make all reparation.

#### EDITORIAL NOTES.

It is with pleasure we clip, and publish the following—exonerating an honored member of our profession and a brother editor:

Judge Rogers, of Chicago, has quashed the capias issued against Dr. John V. Shoemaker, of this city, when he was in Chicago a few weeks ago, at the suit of Mr. Merritt, of Troy, N. Y.—*Philadelphia Press*.

\* \* \*

Among the Society Reports, that of the Mitchell County Medical Society contains facts of such an interesting and progressive step that we feel called upon to give it personal notice.

Every member of a county society being present at a meeting, together with his wife or friend, save one and he detained by sickness, is an indication that there are some places in Iowa where petty jealousy, strife, etc. are at least overlooked, and we hope, and believe, buried. From such a funeral must come an increase of the feeling of common interest, common protection, and common mission. The REPORTER congratulates the Society and enthusiastically holds it up as an example for imitation to other societies.

\* \* \*

We have received the first copy of *Daniels' Texas Medical Journal*, edited and published by F. E. Daniels, M. D., Austin,

Texas. It is a mixture of humorous, ridiculous, and serious. It has commenced to float against the stream. The first number indicates that it will live, have notoriety, and success.

**CHOLERA MORBUS**—Professor Da Costa says the quickest way of stopping the vomiting and purging of cholera morbus is to give a hypodermatic injection of morphia, one sixth grain, and atropia, one one-hundredth grain, to be repeated in half an hour, if necessary. Carbolic acid in half-drop doses will be found useful at the same time. It should be given in mint water every twenty minutes, until the stomach becomes less irritable. In obstinate cases, where the symptoms have lessened in severity but manifest a disposition to linger, the best results will be obtained from the administration of calomel, one-eighth grain, soda bicarb., three grains, every half-hour. For the cramps in the stomach and legs, Professor Da Costa recommends friction, with ginger, capsicum, whiskey, or a liniment composed of chloral one part, soap liniment three parts. Instantaneous relief can always be secured by the use of chloral hypodermatically.

Dr. Harkin, of Belfast, claims that equally brilliant results can be obtained by his method of applying counter-irritation to the right pneumogastric nerve. He does not use any internal remedies, but merely brushes some cantharidal collodion for a few inches over the course of the vagus, commencing behind the angle of the jaw. As soon as the irritation is transmitted to the nerve, the vomiting and purging is checked. Dr. Harkin has reported a number of cases of cholera morbus and cholera infantum in which this plan was used with the most happy effect. *Medical Bulletin*.

**CALCIUM SULPHIDE IN SUPPURATIVE DISEASES**—Dr. D. G. Collins reports two cases of lingering suppuration, in which a cure was finally effected by the administration of calcium sulphide, one-half grain, every four hours. Impressed by the value of the remedy in these cases, he has since then prescribed it in a number of cases of threatened abscesses in different parts of the body, and has invariably been successful in preventing the formation of pus. *Northwestern Lancet*.



—THE—

# IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, AUGUST, 1885.

No. 12.

## ORIGINAL ARTICLES.

### HYSTERIA.

BY STELLA B. NICHOLS, M. D., DAVENPORT, IOWA.

Hysteria has been called the protean malady, because it simulates so many other disorders that, like the fabled Proteus, it is supposed to be capable of taking on all forms. It may be defined as a functional disorder of the nervous system characterized by various disturbances of motility, sensibility, and mentality, combined nearly always with derangement of the circulatory and nutritive systems. There is excessive variability as to the seat of these disturbances.

Sometimes one set of symptoms predominates, sometimes another. There may be exalted excitability in one part of the nervous system manifested in the form of hyperæsthesia or spasm, and which is associated with interrupted irritability of some other region, evinced by anæsthesia and paralysis. It has been said that we will find that the germs of hysteria exist in the majority of females, but that the soil is essentially different in different individuals. Others say that, while there are some persons who are constitutionally prone to hysteria, there are many who are incapable of having it. Heredity seems to be one of the most important etiological factors in the development of the disease. Insanity and various nervous diseases in the parents, especially in the mother, may be transmitted to the children in certain

analagous conditions, or we may have transmutation in transmission, leading to the development of hysteria in the children, more frequently seen in the daughters. Education plays an important part in the development of the disorder. If a child is taught to exercise self control, to refrain from excessive grief, or outbursts of anger, to be industrious and conscientious, and to cultivate, under all circumstances, a cheerful disposition, there will be very little likelihood of its ever becoming hysterical. If on the other hand, these things are neglected, as is so often the case, for usually, hysterical mothers do not correctly educate their children, the child copies the actions of the mother, it may be intentionally or spontaneously, and thus we have implanted almost ineradicably, the germs of the future disease. Statistics prove that a very large proportion of cases of hysteria develop between the age of twelve and twenty years. There are numerous cases which have been observed during childhood. Well marked attacks may develop in children of both sexes varying from ten to twelve years of age. The occurrence of the disease after the age of forty is rare, nevertheless there are on record isolated cases which have been observed at a much later period in life. Physical weakness may be considered among the special causes of the disorder. The opinion of Niemeyer is, that "the most plausible theory of the origin of hysteria is that to which Hasse adheres, namely, that the affection springs from a nutritive derangement of the general nervous system, both central and peripheral." That of

S. Weir Mitchell is, that "a low level of health is one, at least, of the factors of hysteria." He ascribes hysterical spasms to anemia or loss of general tone, or to a condition which he calls nervous exhaustibility, which is, perhaps, due to some form of defective nutrition of the nerve centres. He believes that there is always some such cause behind the spasms. Rosenthal believes that the character of the occupation pursued is an important element; sedentary pursuits, prolonged labor within doors, the absence of sufficiently varied and invigorating muscular exercise, deprivation of fresh air, and insufficient nourishment, are the unfavorable factors which may implant the germs of hysteria, by interfering with hematopoiesis and with the energy of the nervous system. Sydenham, many years ago, wrote: Disorders which we term hysteric in women and hypochondriac in men, arise from irregular motions of the animal spirits, whence they are hurried with violence, and too copiously to a particular part, occasioning convulsions and pain when they exert their force upon parts of delicate sensation; and destroying the functions of the respective organs which they enter into, and of those also whence they come; both being highly injured by this unequal distribution, which quite perverts the economy of nature. The origin and antecedent cause of those irregular motions of the spirits proceed from the weakness of their texture, whether it be natural or adventitious, whence they are easily dissipated upon the least accident, and their office perverted; for as the body is composed of parts which are manifest to the senses, so doubtless the mind consists in a regular frame or make of the spirits, which is the object of reason only. And this being so intimately connected with the temperament of the body, is more or less disordered according as the constituent parts thereof, given us by nature, are more or less firm. Hence women are more frequently affected with this disease than men, because kind nature has given them a finer and more delicate constitution of body, being designed for

an easier life and the pleasure of men, who are made robust that they might cultivate the earth, hunt and kill wild beasts for food, and the like." To return, however, to the to the opinions of the authors of more modern times, we find Austin Flint expressing his opinion in these words:—"A great variety of causes may contribute to the development of the affection, among the more frequent being anemia, overtaking of mind and body, mental anxiety or grief, and the prostration incident to various diseases." Although comparatively few of the physicians of the present day maintain the Hippocratic theory, that the sole source of hysteria lies in the uterus and its annexes, every one must admit that the female sex furnishes by far the larger proportion of cases of the disorder. Various disturbances of the generative system, in the form of irritation or dislocation of the ovaries, displacements of the uterus, chronic perimetritis, and derangements of the menstrual function, constitute a prolific source of hysteria. Barnes says, "hysteria is sometimes cause, sometimes effect of amenorrhœa; it is usually associated with dismenorrhœa; more rarely with menorrhagia." In these chronic affections of the female sexual organs, which are so intimately associated with hysteria, it is frequently very difficult to determine the relations existing between the two, as to which is cause and which effect. According to the observations of Sydenham, one-half of the chronic affections occurring in females are due to hysteria. Another well known writer states that "one quarter of all females are affected with hysteria, and that one-half present some signs of hysteria or an excessive impressionability which differs very little from it." Even though hysteria is considered by many as a neurosis peculiar to women, this from Rosenthal seems to prove the idea erroneous: "Among one thousand cases of hysteria, either personal or taken from other authors, Briquet cites fifty examples which occurred in males. The predisposition of males to hysteria is therefore one-twentieth of that of females.



He furthermore states that the symptomatology of hysteria in man presents the same characteristics as ordinary hysteria. Briquet reports, in addition to the cases observed by other authors, seven personal observations of hysteria in males in which the following characteristic symptoms were noted: hyperæsthesia, anæsthesia, and analgesia, under the forms with which we have previously been acquainted; various painful phenomena, spasmodic seizures, convulsive attacks, with partial or complete loss of consciousness; ecstasy, momentary suspension of the functions of special sense, variable degrees of paralysis of the extremities, with diminution or loss of electro-cutaneous and electro-muscular sensibility and preservation of electro-muscular contractibility. Why apply the term hypochondria to such cases which are so evidently hysterical in their nature, and why not embrace identical conditions under the same category?" Flint's Practice of Medicine contains quite a lengthy account of a case of hysteria, the subject of which was a man twenty-five years of age. Mitchell, in work on nervous diseases, gives an illustration of the double sensory discharge giving rise to subjective feelings of sound and light, the subject being a man (æet. thirty-five), a medical officer in the United States army. Dr. Meigs, in writing of this subject, gives an interesting example which occurred in his practice—a man thirty-five years of age was seized with hysterical paroxysms, accompanied with most exquisitely marked globous, and various other symptoms characteristic of hysteria, such as immoderate laughter alternating with violent and uncontrollable weeping, palpitation of the heart, cold hands and feet, and various other unmistakable manifestations of hysteria.

When we come to study the symptomatology of hysteria we find that it may manifest itself in three nerve-areas, mentality, sensibility or motility. Disturbances in these regions may occur simultaneously, or at different times, one after the other. There may be fits of laughter or crying, often in rapid al-

ternation, abnormal sensitiveness to external impressions, despondency and exhilaration in quick succession, or there may be obstinacy or apathy. Mutability is characteristic of hysteria. It has been called the twin sister of insanity. Some patients seem to be actuated by the desire of attracting attention. The more severe changes in mentality are acute or chronic. Acute attacks consist of hallucinations, ecstasy, delirium, and sometimes even of mania. Upon recovery, the patient may have no recollection of what has transpired. The chronic psychoses of hysteria assume the form of melancholia or mania. There may be at first a slight change of disposition, irritability, or perhaps uneasiness in regard to the condition of health. Globous hysterics is frequently observed and may be considered pathognomonic of the disease. Some patients demand a great amount of affection. Disturbances of digestion, intractable, long continued vomiting, obstinate constipation, a craving for food at irregular and unusual hours; disorders of sleep, stupor, and a disposition to remain in bed, often precede more serious phenomena. Somnambulism is often observed, during which the patient may perform a series of extraordinary movements, or walk around with the eyes closed, or with a fixed stare. If awakened suddenly, they are often seized with convulsions. The permanent mental depression of hysteria, which at first manifests itself in a desire to sleep, may lead to true sopor or lethargy. There is a condition which has been described as temporary catalepsy, in which the patients, if the eyes are covered with the hand, become cataleptic and fall into more or less profound sleep, from which it may be difficult to rouse them. Hysterical somnolence may be slight and of short duration, or it may deepen into a sleep like that of drunkenness, continuing for several several days. Lethargy may continue for a much longer period. Pfendler reports one observation in which it continued uninterruptedly for six months. The most severe, and happily, the most rare condition of hysterical somnolence, is

the death-like trance, in which the circulatory and respiratory functions may be reduced to a barely perceptible minimum. The disturbances of sensibility are characterized by hyperæsthesia, anæsthesia, analgesia and neuralgia. Sometimes we find hyperæsthesia of one half of the body, and anæsthesia of the other half. The surface hyperæsthesia usually affects the left side, and is limited by the median line. The hysterical headache, characteristically designated *clavus hystericus*, consists of very intense pain confined to a very small space. Similar painful points are sometimes found all over the body. Hyperæsthesia of the joints, more frequently of the hip and knee, may be difficult to diagnose from organic lesions. If the patient's attention is diverted, however, the joint may be manipulated at will. This, with the peculiar sensibility of the skin to pinching, even in parts which are remote from the joint, and the absence of nutritive changes of the muscles, will serve to demonstrate conclusively the nature of the affection. In muscular hyperæsthesia, slight pressure or motion will often produce intolerable pain. The so-called hysterical tripod, consisting of pain in the epigastrium, in the lower dorsal, and left mammary regions, may be placed in this category of phenomena, and is of interest from a diagnostic point of view. Hyperæsthesia of the organs of special sense, taste, smell and hearing; or an abnormal sensitiveness of the eye to light, are purely subjective sensations, although difficult to demonstrate as such. Pressure upon the spinous processes, over the ovary, or epigastric region, may, where there is an abnormal increase of reflex excitability, give rise to convulsions. Anæsthesia, by which we understand a loss of tactile sensibility, and analgesia, the strange condition in which, though the tactile sensibility is preserved, pain is not felt, may be observed as opposed to the hyperæsthesia of hysteria. In this condition, the loss of sensation rarely extends over the entire surface of the body. Rosenthal says, "hemiplegia of sensation occurs more frequently and almost al-

ways on the left side. This latter fact is owing, according to Briquet, to the greater sensibility of the skin to stimulation, and to the greater delicacy of the tactile functions upon the left half of the body. The analgesia usually occupies the same limits as the anæsthesia; in exploration we may employ the point of a pin or the electric brush. According to Charcot's recent observations, (*loc. cit.*), hemianæsthesia, together with paresis and contracture of the limbs, appears to be connected with a bilateral or unilateral ovaralgia, and frequently changes its situation in the same way that the latter does. The anæsthetic region is sometimes interspersed with small spots in which sensibility remains intact. As a rule, the anæsthetic parts have also lost their sensibility to temperature and their reflex excitability." Anæsthesia and analgesia may be generalized, involving the skin, muscles, and joints, but are usually confined to certain nerve tracts. They may involve the various mucous membranes. Anæsthesia of the pharynx and conjunctiva is considered by many as a valuable diagnostic symptom. The neuralgiæ of hysteria are often of a temporary nature and usually occur after excitement or hysterical convulsions. Hemisidergia is frequent, usually affecting the left side. The nucha and shoulders may be the seat of nerve pains. Intercostal neuralgia is of common occurrence. We may find rachialgia, lumbar neuralgia and sciatica, either simple or double. Pain in the region of the coccyx may occur in the presence of other hysterical symptoms in a manner which compels us to interpret it as a local hysterical phenomenon. Disorders of motility consist of paralysis, contractures, and convulsive conditions. We may find paraplegia or general paralysis. Hysterical paralysis is usually limited to a single member of the body. While there may be loss of sensation, the muscular contractility is normal. The muscles of the face and tongue are rarely involved. The patient can always talk. There is no atrophy of the muscles as in other varieties of paralysis. The contractures of hysteria may



in the slighter forms appear as an abnormal motor excitability, giving rise to vivacity and precipitation of movements, or in contractions of certain muscles or groups of muscles. The spasmodic phenomena may be observed in nearly every region of the body. Hysterical cough, asthma, hiccough, and eructations, are among the more frequent of these symptoms, and may be recognized by their failure to yield to the usual remedial agents. Actual convulsions may be partial or general, and may be with or without consciousness. They constitute a grave symptom of the most serious hysteria. The attacks may last a few minutes, or sometimes for twenty-four hours. Convulsions of hysteria may be hard to distinguish from those of epilepsy. In the latter there is complete loss of consciousness, and they are of shorter duration. The course of hysteria is chronic, its duration unlimited. Researches as to its pathology have been somewhat unsatisfactory. Charcot found in chronic cases a sclerosis of the spinal chord, though this condition was not constant. In our diagnosis, it is essential to know all the symptoms thoroughly, and to exclude by careful observation, all organic lesions. Electricity is a valuable aid where there are contractures and paralysis. The prognosis in the slighter forms depends upon the possibility of discovering and removing the causative agencies. In the grave forms, it is not good. In the treatment of hysteria the first indication will be, to find out the cause or different causes, and if possible remove them. Numerous methods of treatment have been tried by experienced practitioners with various results. As no two cases seem to present the same characteristics, so no positive rule of treatment can be adopted. Tilt gives the following:—The therapeutical indications in the treatment of hysteria are first, to blunt the sensitiveness of the nervous system by sedatives and antispasmodics, and to strengthen by metallic and other tonics, and by hygiene. Second, to cure all diseases of the sexual organs, and save the nervous system from visceral irritation, by good hygiene at menstrual

periods." Strict attention to each, seemingly insignificant, symptom, will be necessary throughout the course of treatment.

## POST-MORTEM EXAMINATION A NECESSITY.

BY W. L. ALLEN, M. D., DAVENPORT, IA.

Read before the Iowa and Illinois Central District Medical Association, held at Davenport, July 9, 1885.

In our Iowa law relating to "Returns of Births and Deaths" it is stated in a part of section 5 as follows: "And said physician and midwife *shall be required* under penalty of ten dollars to be recovered in any court of competent jurisdiction in the State at suit of the clerk of the courts, to report to the clerk of the courts within thirty days from the date of their occurrence, all births and deaths which may come under their supervision with a certificate of the *cause of death*, and such other facts as the Board may require in the blank forms furnished as hereafter provided." In these forms we find the following note: "State primary and immediate cause of death, and examine the list of diseases printed on the cover of this book." In this list among other diseases we find the following: "Cancer—variety and seat." "Disease of Heart—variety, valves involved, if any." "Dropsy—variety and cause." "Enteritis and Gastro-Enteritis, cause, if known." "Jaundice—cause." "Peritonitis—variety, whether simple, puerperal, traumatic, etc." "Metritis—variety and cause." "Uræmia—cause or associate affection, whether puerperal."

Now I do not wish to discuss the correctness of classifying "Jaundice," "Dropsy" and "Uræmia" in a list of diseases the object, as I understand it, of our Board of Health and our laws in these matters is two-fold. First, To obtain evidence that may throw light on crime. Second, To obtain reliable information from which to compile statistics which may give the rate of mortality in different sections of the State with prevalence of, or immunity from,

certain diseases, and the causes of such prevalence or immunity.

Most physicians are conceited enough to believe that they can diagnose almost any case with an accuracy sufficient to enable them to adapt a rational line of treatment. This is fortunately true, but suppose there exists a *doubt* as to the exact pathology present and death ensues, are we justified in returning to our statistical Board for *record* certificates giving the *disease* and *cause of death* without first having made a post-mortem examination?

Full reports of cases with clinical history in detail are interesting and instructive, *provided* the diagnosis be correct; if a doubt exists as to that, such reports are worse than useless, they are dangerous and misleading. Physical diagnosis is carried out to such a nicety that it leaves but little darkness in cases of "cardiac" or pneumonic trouble. But we cannot be so positive in diseases complicating the abdominal viscera. There is scarcely a post-mortem examination made that does not reveal to the attending physician some pathological condition entirely overlooked by him in his study of the case. Moreover these examinations are most interesting and instructive to all interested in pathology, and often reveal conditions to the practitioner suggestive of a different course of treatment, or possibly of some operative measure.

How numerous are the cases called "Inflammation of the Bowels." Will someone explain why so many of these patients die, and give the exact pathology? What part of the bowel is compromised? Is it a serous, suppurative or plastic inflammation, and would the treatment vary much? Why in such cases is there such marked depression and high pulse with such a moderate elevation of temperature?

The following cases may serve to illustrate the necessity of post-mortems. Mr. Blank, act 56, a tall, spare Irishman, somewhat addicted to the use of alcoholic beverages, said he caught cold in April last, and was laid up with severe pains in abdomen. These were followed

and relieved somewhat by vomiting and purging, after which the bowels became constipated, only acting after use of purgatives; ate but little, and in May noticed a tumor in epigastrium. I first saw the patient July 6, he was fearfully emaciated, slightly jaundiced, temperature 103, pulse 120; presented a moderately hard, nearly painless tumor about the size of an hen's egg in epigastrium; bowels constipated, no appetite, and could retain but little food; tumor situated in left lobe of liver, rising gradually from the surface of the same; right lobe somewhat enlarged but smooth and free from nodules. Consultation called and patient put on alteratives, belladonna ointment applied over liver, beef tea and milk administered by the rectum three times a day. Patient was quite comfortable, with temperature rarely above 100 until August 7th, when pain became severe, liver having increased considerably in size, pulse over 200; lower extremities oedematous, some ascites. From this time he became worse and died September 3d. No post-mortem allowed. In death certificate cirrhosis of the liver is given as the disease, which can hardly be warranted. You will see under the microscope a section taken from the liver where the diagnosis was made antermortem of cancer of liver and even adhered to at the post-mortem examination although it was a fair case of cirrhosis of the liver.

I remember three interesting cases of cancer which I saw in a course on "physical diagnosis" in Vienna several years ago. The first occurred in a man about 42 years of age who presented many prominent symptoms of cancer of the stomach. The tumor was not easily discovered; it was thought to be located about the lesser curvature. Prof. Billroth operated some weeks afterward and removed a cancer of the pylorus, the patient recovering.

In a second case the class diagnosed cancer of the stomach and the post-mortem examination revealed a cancer of the left lobe of the liver. In the third case the man, about 45 years of age, complained of dyspepsia, was trouble for



months with obstinate constipation and was jaundiced. More recently he had been troubled with diarrhœa; it was moreover noticed that fatty foods passed from him undigested, spleen, liver and kidneys negative; some elevation of the temperature and some complaint of pain to the right of the stomach. We failed to make a diagnosis, but Prof. Nothnagel diagnosed the case, one of cancer of the Pancreas, which diagnosis was affirmed some months later by a post-mortem examination.

Dr. R. W. Hill, of Iowa City, has kindly sent me one of the specimens before you, together with a microscopic section from the same, and the following history: Mrs. Blank, aet. 52, sick for ten months, considerable pain and vomiting, the latter not persistent, no hæmatemesis, some difficulty in introducing aliment, although not so much as would have been supposed from the size of the stomach. The patient became greatly emaciated in the last three months, and two months before death ascites developed, and aspiration gave considerable relief, but the fluid re-accumulated. Cancer of the stomach was diagnosed. Post-mortem examination showed a very small, contracted stomach, the walls of which were as hard as sole leather and much thickened, with apparently no tendency to ulcerate; adhesions numerous, strong and large, and compromising the entire alimentary canal and the liver and spleen.

The other two specimens were taken from specimens of Dr. Crawford, with whom I was called in consultation. Dr. Crawford has kindly furnished me with the following histories of these cases:

"Mrs. S., aet. 60. German, had complained of more or less pain and trouble with her stomach for over a year; was treated by a homeopathic doctor for dyspepsia; I was called to see her about three months before her death and found her quite emaciated; she could take nothing but liquid nourishment and retained that with difficulty. At first the vomit was composed principally of mucous mixed with ingests, but later on it appeared black, evidently decomposed

blood; bowels only moved by enemias; no tumor could be felt; pain constantly present in epigastrium and at times excessive. Patient gradually became weaker, and some hours before she died vomited large quantities of blood, and died in collapse. Post-mortem examination showed cancer, with extensive infiltration and adhesions posteriorly, with ulceration near the pylorus, compromising the pyloric artery, hence the hemorrhage.

"Mr. L., aet. 56. German laborer, had digestive troubles for over a year. Quit work six months before death, complaining of pains in stomach. I was called to see the patient two months before his death, finding him much emaciated and complaining of pain, vomiting and constipation. Called Dr. Allen in consultation and we discovered tumor in epigastrium and diagnosed cancer of the stomach. Post-mortem examination some weeks afterward revealed cancer involving walls of stomach and pylorus, with firm adhesion to and much infiltration in duodenum and jejunum."

In another case in which no tumor could be discovered, but a diagnosis was made of cancer of the pylorus, the post-mortem revealed a scirrhus of the pylorus, causing a stricture of the same, but with no infiltration or ulceration of the contiguous parts. I am sorry I have not the specimen to show you, for it differs entirely from those before you, and would have shown indications for Wolfler's operation, while none of the specimens before you would have offered the slightest chance for interference. In this case, although the cancer had existed for three years or more, there were no adhesions and the stomach was in a very fair condition, save at the pylorus. In January of this year Billroth performed Wolfler's operation successfully, making a fistulous connection between the stomach and duodenum. Moreover he found the pylorus extensively invaded and liable to ulceration, so he decided to remove the same, which he did, and the patient made a good recovery.

Now Walfler's operation was suggested by post-mortem examinations and

dissections and if any operation be justifiable on the stomach this certainly is the most desirable.

I was called last month to assist at a post-mortem examination of a German woman 56 years of age, who it was supposed died either from stricture of the œsophagus, or from cancer of the cardiac orifice of the stomach. No persuasion could avail anything; an absolute refusal and hard words were all we obtained, and the death certificate returned gave "Cancer of the stomach."

In the New York Medical Journal for March 28th, Dr. Fluhrer gives an interesting history of a pistol-shot wound of the brain, which was successfully treated by trephining, removing the ball and drainage. The Doctor states that a post-mortem examination made three years previously on a person whose death was caused by a similar pistol-shot wound suggested to him the possibility of removing the ball. He says, "Impressed by the conditions found at the post-mortem examination, I resolved that in another instance of similar injury I would try to track the bullet, and after extracting it, drain the wound."

It is not necessary to detail other cases.

Dr. Fluhrer shows the benefits derived from a post-mortem examination, even where the cause of death was perfectly understood, the object being to ascertain the deflection, if any, of a bullet after entering the cranium.

In the cases of cancer, the post-mortem examination only confirmed the diagnosis; in one instance, no tumor could be discovered ante-mortem, and the friends placed all the more confidence in the physicians on hearing that the diagnosis was verified and all doubt removed.

The cases which seem to be most neglected are those involving the large and small intestine, rectum and pelvic lining, such diseases as pelvic cellulitis and pelvic peritonitis are so often confused with general peritonitis and this latter with enteritis, that I believe I am not far wrong in stating that the much-abused term of "inflammation of the bowels" is often made to include any of these diseases, and furthermore, even

when an exact diagnosis is made and a fatal result ensues, would not a post-mortem examination reveal pathological conditions most instructive to us all, and indicating the use, or at least the trial, of certain medical or operative procedures which would eventually aid us materially in combatting these forms of inflammation.

Permit me then to urge upon every member of this society who is desirous of advancing our knowledge of pathology, the necessity of obtaining the real cause of death in every instance, and to this end the sympathy of the public must be obtained so that it may become generally understood that we feel that we are obliged to make these examinations in all doubtful and complicated cases.

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## SOCIETY REPORTS.

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### HAMILTON COUNTY MEDICAL SOCIETY ON MEDICAL LAW AND MEDICAL EDUCATION.

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The following resolutions are based upon a paper read by Dr. McTavish of Eagle Grove, and before the Hamilton County Medical Society at its meeting in May last; they were passed and adopted, at the July meeting of the Society:

Whereas, that in the State of Iowa there is no law regulating the practice of medicine and surgery, and medical education to protect the people from imposition.

And whereas, the Iowa State Board of Health, as at present constituted, is by law a political creature, and under political surveillance.

And whereas, the medical profession in the State of Iowa should have control of all matters pertaining to the regulation of its own affairs and that of medical education.

Therefore, be it resolved that it is the sense of the Hamilton County Medical Society, that a law be enacted by the coming legislature repealing the present law concerning the Iowa State Board of Health, and in lieu thereof enact a law



making the said Iowa State Board of Health elective from the various congressional districts, the various schools of medicine to have representatives on the Board, as at present, but based according to the number of practitioners in each district, who shall be graduates of accredited medical colleges, and in actual and reputable practice in the State of Iowa for five years.

That the election shall be held and the returns made as in congressional election, and that none be permitted to vote for said candidates for members of the Iowa State Board of Health, but graduates from accredited medical colleges, who are in actual and reputable practice in the State of Iowa.

That the Iowa State Board of Health thus elected shall have the same powers, perform the same duties, and make reports to the same governmental officers as it now does.

That in addition, the Iowa State Board of Health shall have the power:

*First.*—To establish an office of Registration in the city of Des Moines in which all duly qualified physicians in the State of Iowa shall be registered, and the Secretary of the Iowa State Board of Health shall be the Registrar.

*Second.*—That it shall be the duty of the Iowa State Board of Health to establish and appoint a board of Matriculation Examiners, consistin of three members—two regular physicians who must be graduates from an accredited medical college, and the President of the State University. The Secretary of the State Board of Health shall be the Secretary of the said Matriculation Board of Examiners. All examinations must first be in writing, and afterwards, oral. The matriculation examinations must be held in Des Moines at a time that will be most convenient for those about to commence the course of any of the various medical colleges. Each candidate for examination must give notice with a fee of *five dollars*.

The subjects upon which the Matriculation Board of Examiners shall examine each and every candidate, irrespective of schools as a student in medi-

cine, shall be as follows; English language and literature, including grammar, etymology and composition. Arithmetic, including vulgar and decimal fractions. Algebra, including simple equations. Geometry, first three books. American history. General Geography. In addition to the above one of the following optional studies: Latin translation and grammar (Arnold's first Latin book by Spencer.) Cæsar, (De Bello Gallico, first two books.) French, German or natural philosophy, including mechanics, hydrostatics and pneumatics.

Every candidate for a student in medicine who successfully passes the matriculation examination shall receive a certificate of matriculation signed by all the members of the Matriculation Examining Board and the Secretary of the State Board of Health, with the seal of the Board of Health attached thereto, after which he shall be duly registered as a *regular* student in medicine; and after the passage of such a law, the State Board of Health shall not recognize the ticket or diploma of any person in the State of Iowa from any medical college as a regular student of medicine unless he or she be first duly registered as such.

*Third.*—That it shall be the duty of the Iowa State Board of Health to demand a full three years' course of medical study of every regular student in medicine, including five months attendance in each year at some reputable medical college, and after the second year's medical study and courses of lectures, that every regular registered student of medicine, irrespective of school, shall be required to pass an examination before an examining board appointed by the State Board of Health in the following preliminary branches of medical science: Anatomy, Physiology, Chemistry, Materia Medica, Histology and Pathology; and those who successfully pass this primary professional examination, shall receive a certificate to that effect, signed by said board of examiners and the Secretary of the State Board of Health, with the seal of the said board attached thereto, after which

they shall be duly registered as having passed the *primary professional* examination, in the office of the State Registrar of the Board of Health. After this registration of the successful candidates, they may then finish their course in whatever "school" of medicine they may elect to attend and graduate. After their graduation they must present themselves before the examining board of the State Board of Health for final examination in all the remaining branches of medicine not mentioned in the foregoing examination, each candidate giving notice to the Secretary of the State Board of Health six weeks before the day of examination; and as evidence that each applicant has completed his full course of three years of medical studies as required by the State Board of Health, each and every applicant must forward to the Secretary of the State Board of Health his diploma and the tickets, etc., at the time of his application for examination, with a fee of \$5.

To all who successfully pass the final professional examination, the State Board of Health will grant them a certificate of final registration, permitting them to practice medicine and surgery in the State of Iowa. Every professional examination, both primary and final must be first written and then oral. The examination of papers of every candidate whether successful or not, with all other papers pertaining to the professional examinations, must be filed in the office of the State Registrar as the property of the Iowa State Board of Health, for safe keeping and future reference.

That the two professional examinations must be held once every year on the first Wednesday in April in each year, and all candidates for either the primary or the final examination must apply to the State Medical Registrar at least six weeks before the day of examination.

*Fourth.*—That within sixty days after the passage of such an act, all who are graduates from accredited medical colleges and in reputable practice in

the State of Iowa, shall present their diplomas to the State Medical Registrar, and they shall, without examination, receive a certificate of final registration from the Iowa State Board of Health, permitting them to practice medicine and surgery in the State of Iowa.

All students in the State of Iowa, who are pursuing a regular course of medical studies in the various accredited medical colleges (irrespective of school) in the country at the passage of such an act, shall be exempt from the matriculation examination, but must present themselves for both the primary and final professional examinations, before the examining board of the State Board of Health before he can register and be permitted to practice medicine and surgery in the State of Iowa.

But let it be provided, that should any person come to practice medicine and surgery, or any of their departments in the State of Iowa from any other State or Country in the interim, the Secretary of the Iowa State Board of Health may, upon the party depositing his diploma and tickets, issue a provisional certificate, permitting him to practice medicine and surgery in the State until the next examinations shall be held.

*Fifth.*—That after such a law shall take effect no person shall practice medicine and surgery or any of their departments in the State of Iowa, who is not legally registered as provided by such a law; and that any person violating said law shall be fined not less than \$50 nor more than \$150 and costs for the first offense, and \$200 and costs for the second offense, together with imprisonment in the county jail for not less than six months.

D. McTAVISH.	} Committee.
S. W. MOORHEAD.	
W. N. GREEN.	

#### SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, July 2, 1885.

REGULAR meeting.

The meeting was called to order at 8 o'clock by President J. H. Kulp.



In the absence of the secretary, Dr. Byrne was appointed secretary *pro tem*.

Members present:—Drs. McCowen, Peck, Kulp, Nichols, Crawford, Byrne and Braunlich, and students Smith and Hagebreck.

The minutes of the previous meeting were read and corrected.

Dr. L. W. Littig was proposed for membership by Dr. Byrne. Referred to Board of Sensors.

The resignation of Dr. Maxwell as Secretary of the Society was received and accepted, and Dr. Braunlich elected to fill the vacancy.

Dr. Peck presented several specimens with history of cases.

Case I. Boy, age 6 years, who, on June 26th, while playing with some timothy heads, put one into his mouth and inhaled it into his trachea. The next day he was brought to Dr. Peck, who performed tracheotomy and attempted, without success, to remove the body. The wound was kept open by means of sutures inserted in each side of the trachea and tied around the neck. The boy was much relieved by the operation and did well until July 2d, at 2 A. M., when great dyspnoea set in and continued until 11:30 A. M., when he died. Post-mortem:—The trachea near the wound was covered by an exudation somewhat resembling that of membranous croup, but there was not enough exudation to obstruct the current of air. The timothy head was lodged in the right bronchus, the stem pointing downward. Below the point of lodgment, the bronchus was filled with pus, and in the lower tube of the right lung pneumonia was developing.

Case II. Enchondromata, developing on the ninth rib of a girl aged 6 years. The tumor, which was about the size of a hen's egg, was removed, and part of the rib, which was deceased, was also removed. Child doing well.

Case III. Scirrhus cancer on the dorsum of hand in a man aged 45 years, involving the carpal and part of metacarpal region. All the extensor tendons were involved. The hand was removed

by amputation above the wrist joint. Man doing well.

Dr. Nichols, the essayist of the evening, read a paper on hysteria. On motion of Dr. Peck, the paper was received by the society.

A short discussion followed, in which Drs. Peck, Kulp and McCowen took part.

On motion of Dr. Byrne, it was resolved to continue meetings during the summer months.

Dr. Byrne, who reported a case of dislocation of the astragalus, was requested to report in full at the next meeting.

Dr. Braunlich was appointed essayist for the next meeting.

Adjournment.

H. BRAUNLICH, *Sec'y*.

## SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, Aug. 6, 1885.

THE Academy of Sciences not being at the disposal of the Society, on invitation the meeting was held at Dr. Peck's residence.

In the absence of the president and vice-president, Dr. Crawford was elected president *pro tem*.

Members present: Drs. Crawford, Peck, McCowen, Bracelin, Byrne, Nichols, French and Braunlich, and students Jepson, Smith, Eckmann, Peters and Hagebreck.

The board of sensors reported favorably on the application of Dr. Littig for membership, and on motion of Dr. McCowen he was elected by acclamation.

After further routine business, Dr. Byrne read a paper, with report of a case, on dislocation of the astragalus.

On motion of Dr. Peck, the paper was received by the Society.

A short discussion followed, in which Drs. Peck, Byrne and Bracelin took part.

A case of scarlet fever, with relapse, was reported by Dr. Braunlich.

Dr. Peck presented several interesting specimens with history of cases, which occurred in his practice during the past month.

Case I. Compound, comminuted, compressed fracture of the left parietal bone near the sagittal suture, produced by the kick of a horse.

The man, a teamster, 35 years of age, was in a comatose condition when first seen. A button of bone was removed by the trephine, all the loose splinters of bone removed, and the membranes thoroughly cleansed. The man soon regained consciousness and has steadily improved.

Case II. Man about 25 years old, fell from a second story window and fractured his skull. The fracture extended from the left side of the frontal bone, through the left wing of sphenoid, through the parietal and into the occipital. Brain substance was oozing from the whole in the frontal bone.

The patient was in coma, and had occasional convulsions, during which he could scarcely be restrained. After removing two disks of bone, brain pressure seemed relieved and the patient became quiet. He died within thirty-six hours from the time of operation.

Case III. Man, aged about 38. One and a half years ago he complained of aphonia coming on suddenly every few weeks, but lasting only a few minutes. later he complained of pains in his head and went to the hot springs for several weeks, but came back unimproved. Then he began to complain of double vision in his left eye, then vision in that eye began to fail and gradually he lost all sight, although nothing abnormal could be discovered in the eye. Then the right eye became affected; first he saw double, then that eye also failed and he was totally blind—could not see the strongest light. He never complained of pain in the eyes during this time. After his sight had failed, he lost the power of smelling, and later, hearing also failed.

After this he had great pain in his head, which nothing would relieve but large doses of opiates, and after a time even opiates gave little relief.

Post-mortem examination revealed a tumor, about the size of a hen's egg, on

the left hemisphere, occupying the fissure of Rolando.

After a short discussion, adjournment.  
H. BRAUNLICH, *Sec'y*.

## DECATUR COUNTY MEDICAL SOCIETY.

LEON, Ia, August 7, 1885.

SOCIETY called to order at 1 P. M.

The president being absent, Dr. Layton was chosen to preside and then the regular order of business was taken up.

Members present, Drs. Hamilton, Doolittle, Gardner, H. C. Van Werden, W. Van Werden, Foxworthy and Hyatt.

The name of Dr. E. Mitchell was proposed for membership. Censors not being present the matter was laid over until the next regular meeting.

Committee on state legislation were not prepared to report, and on motion of Dr. Hamilton the secretary was requested to ask the said committee to be in readiness to report by Friday, September 4th, and the meeting called for that date and the matter to be acted upon.

Dr. Layton then reported post-mortems held since last meeting.

Remarks were heard from a number of those present.

Adjourned to meet Friday Sept. 4, 1885.

H. B. HORNER, *Pres.*

W. VAN WERDEN, *Sec.*

## REPORT OF CASE.

### TUBERCULOSIS TESTIS AND TUBERCULAR MENINGITIS.

BY A. D. BUNDY, M. D., ST. ANSGAR, IA.

PATIENT, P. O. Asperhiern, nearly forty years of age, Norwegian by birth, family history as far as could be ascertained excludes consumption or scrofula; several years ago he suffered from some form of fever, which, from his description, I believe was remittent; general health has always been good except occasional attacks of winter coughs, colds,



sore throat, etc. In 1883 I treated him for a chronic pharyngitis, combined with some laryngeal irritation, from which he seemed to recover; from that time up to his last sickness, I treated him occasionally for headaches, which were accompanied by furred tongue and constipation of the bowels, that seemed to be caused by derangement of the stomach and bowels. This trouble usually passed off in a few days, with aid of simple medication. On March 3, 1885, I was called to see him; found him in bed; temperature, 101; pulse, 100; pain in back, limbs and head—aching all over, as he expressed it; urine scanty, tongue slightly furred, mouth tasted bad. Right testicle swollen and painful. Along the spine, a slight chilly sensation. No cause could be assigned for the swollen testicle. Venereal and traumatic causes were positively excluded. The patient was given small doses of aconite and gels. with spts. ether, nit. and to the testicle was applied a cooling and sedative lotion, with support. The bowels being sluggish, calomel and soda were given; they operated next morning. This constituted the treatment up to the 8th. The night of the 7th, did not sleep on account of pain in head. The next evening I gave him pot. bromide, grs. 30, and morphia sulp., grs.  $\frac{1}{4}$ , which gave him a good night. The 9th found him still complaining of pain in the head; had vomited and felt very weak. During this time his temperature ranged from 100 to 101 degrees, there being a slight elevation in the evening. A sample of his urine, examined at different times, showed a small amount of albumen, and the last examination, only a trace. He was then put on the infusion of digitalis, with acetate of potash. From this time to the 14th, his condition seemed about the same, vomiting two or three times a day; evening temperature, 100 degrees; took very little nourishment. The night of the 15th he was delirious and tried to get out of bed; his talk was incoherent; dozed at times, then roused up with a start. Temperature, 100 degrees; right testicle some swollen, the left slightly so. March 16th, pulse, 60; temperature,

100; delirious and stupid alternately; refers all of pain to his head. For a few days following his condition remained about the same, at times rational when spoken to. On the 20th, retention of urine; catheter passed twice a day until his death, which occurred March 22d. During the last ten days he was delirious the greater part of the time; he had either convergent or divergent strabismus, and towards the last, tonic contracture of the muscles of the back of the neck; bowels constipated and only moved by purgatives; abdomen retracted. Although no post-mortem examination was held, the diagnosis after the disease was well developed was very plain.

Dr. Edward Boeckman, of Bergen, Norway, a gentleman of large experience and fine attainments, saw the case with me and confirmed the diagnosis. The somewhat rarity of this disease in the adult, and the seemingly rare focus of infection, prompts me to report this case.

I HAVE tested PEACOCK'S BROMIDES *without a single failure*. It acts like a charm, without any bad after effects.

A. W. K. NEWTON, M. D.  
528 Tremont St., Boston, Mass.

I TRIED "Peacock's Fucus Marina," in two cases of typho-malarial fever (or remittent bilious fever with typhoid complications) *with success*, and I also used it in one case of jaundice with the best results. P. McADAMS, M. D.,  
Fosedale, Ohio.

SYRUP OF HYDRIODIC ACID IN ACUTE RHEUMATISM.—Dr. James Craig (New York Medical Journal) speaks highly of the syrup of hydriodic acid in the treatment of acute inflammatory rheumatism. It shortens the duration of the disease, relieves the pain, reduces the temperature, and leaves the patient without heart complications. The dose generally given is two to three teaspoonfuls in a wine-glass of water, every two hours, according to the indications. He claims that it also acts well in subacute rheumatism, but has no effect in the chronic form of the disease. Numerous cases are added showing its efficacy.

THE  
Iowa State Medical Reporter.

DES MOINES, AUGUST, 1885.

EDITORIAL.

A REFLECTION.

He who ever learns, learns either from his own experience or from the experience of others; the lessons from the former are always more impressive and lasting. Although they produce more chagrin, humiliation and embarrassment on the one hand, they also give rise to a greater degree of satisfaction, independence, will and self-reliance. One who is able to review his experience and to mingle, as they come, his good and his bad, or those which elevated his spirits and increased his egotism and those which suppressed his enthusiasm and belittled him in his own estimation, should profit thereby, and the exuberance of his enthusiasm should be toned down, the depth of his depression should be lessened and his determination should be strengthened either to persevere or abandon, as his good or bad experience may predominate.

Two years ago, impulse, stimulated by the enthusiasm that often accompanies inexperience, forced upon the medical profession of this state a medical journal, the IOWA STATE MEDICAL REPORTER. Could the proprietors have realized at the beginning the unremitting responsibilities, work, vexations, criticisms, and deficiencies to be made up, the REPORTER would never have been started. When the responsibilities and interests became less divided and the enthusiasm lost, pride and determination alone held the support to its place until the scale

turned and with it, returned the old enthusiasm and faith.

During all this time we have been the recipients of praise and encouragement from some member of our profession, mingled with snubs, irony and sarcasm from others. All of which we fully appreciated and tried to treat good naturedly, and we have the satisfaction of knowing that we succeeded except in one or two instances when the exasperation caused our resentment to get the better of our judgement. Of our voluminous correspondence some is valuable and highly prized, some interesting, and some extremely amusing. Our readers, (*constantly growing in numbers*), as a class, have treated us very kindly and in many ways have shown appreciation when our modesty would not permit us to believe it was merited. To those of our subscribers who have remained faithful to us, from the beginning, we feel truly thankful, and we gladly note that many, who at first, and for a long time after, "refused" our "compliments" and even did worse, are now subscribers and regular readers.

The long list of names of our contributors makes us feel, more than anything else, our obligations to the profession of the State. The State institutions have been very kind in furnishing tabulated reports. Our file contains "Society Reports" from a large majority of the working auxiliary societies; Scott County Medical Society has been specially regular in its reports. At the first meeting of the State Society, after our beginning, we were unknown and not recognized by the Society in any form. At the last meeting of the Society, unsought and a surprise to us, the REPORTER was unanimously recommended to the members of the Society and to the profession. A compliment fully appreciated.



For our advertisers we are also moved to an appreciation other than pecuniary. Of those who began with our first number but two remain—Sharp & Smith of Chicago, whose relations have been satisfactory from the beginning, and we are pleased to add that we hear from all their patrons like sentiments, and therefore we cheerfully recommend them to all who have need of anything in the line of surgical instruments; and J. H. Whetstone, Iowa City, the other, whose a courteous treatment has long made him favorite among the students at the State University.

All our advertisers are, and have been leading representatives in their line of production or work. We can, and could at all times independently recommend them to our patrons. We have heretofore, and shall always refuse the advertisements from any other class. As a proof, we point to some of those whose card appears in this number. Parke, Davis & Co., whose fluid extracts and pills are in general use with every practitioner. The Rio Chemical Co., whose *Celerina* and *Pinus Canadensis*, are well-known. Fairchild Bros. & Foster, extensive manufacturers of Digestive Ferments. Fellows' Hypophosphites, Peacock's Bromides, and Queen & Co's., Microscopes are standard.

Our college patrons are the leading college of the East, Bellevue Hospital Medical College, and the leading colleges of the West, the Missouri Medical College, the oldest college west of the Mississippi, the Medical Department of the Iowa State University, whose standard and excellence of instruction are fully up to the high reputation that Iowa has for all her educational departments, and the Iowa College of Physicians and Surgeons, whose general course of in-

struction is not inferior to any Medical College in the west.

Our relations abroad among our contemporaries have been very pleasant. They have been considerate and charitable. Although far from a money-making enterprise, the REPORTER has been a success, inasmuch as it has accomplished all its publishers had anticipated. More could be said, but it is unnecessary. In closing our second volume to abandon the present dress there is a lingering regret like the parting with an old companion, and with it an uncontrollable feeling of thankfulness to all who have contributed to our success, and a forgetfulness and forgiving spirit to our enemies. The same faith that prompted the first number of the REPORTER now prompts the additional burdens and responsibilities we are about to assume; and our experience leads us to believe that the REPORTER in its new dress will meet the same reception that it had in its old.

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## REVIEWS.

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### *Books and Pamphlets Received:*

THE TECHNOLOGY OF BACTERIA INVESTIGATIONS, Explicit Directions for the Study of Bacteria; Their Culture, Staining, Mounting, etc., According to the Methods Employed by the Most Eminent Investigators. By Charles S. Colley, M. D. S. E. Cassino & Co., Publishers, Boston. 1885. 1 vol. 12mo. Cloth. Price, \$2. For sale by Redhead, Wellslager & Co., Des Moines, Ia.

To all who may wish to make researches in this field the book will prove a valuable aid. It is a complete guide, and is so arranged as to teach the practitioner how to see for himself. Part I. contains, 1. Microscopical Preparations, The Study of Living Forms, The Study of Medical Bacteria, and The Preparation of Bacteria for Photographing. 2. Culture Experiments. 3. Vaccination. 4. Biological Analysis. Part II. contains special methods for investigating Pathogenic Bacteria. Part III. contains a Formulary.

THE REPORT OF THE STATE BOARD OF HEALTH OF TENNESSEE FOR 1880, 1884.

The report indicates that the Board has made considerable progress, and that they are keeping up with the sanitary movements in progress elsewhere.

A REPRINT OF EDITORIALS abstracted from the July number of the *Alienist and Neurologist*, by its editor, C. H. Hughes, M. D.

THE INFLUENCE OF SEA VOYAGING UPON THE GENITO-UTERINE FUNCTIONS. A monograph by J. A. Irwin, A. M., M. D.

An interesting and instructive paper, based upon practical experience.

SHADOWS IN THE ETHICS OF THE INTERNATIONAL MEDICAL CONGRESS. By Levi Cooper Lane, A. M., M. D., Professor of Surgery in Cooper Medical College, San Francisco.

A MEMOIR OF CHARLES HILTON FAGGE, M. D., late physician in Grey's Hospital, Examiner in Medicine in the University of London, etc. P. Blakiston, Son & Co., Publishers.

CHOLERA INFANTUM. By William Perry Watson, A. M., M.D. A reprint from the "*Archives of Pediatrics*."

Intended for a general exhaustive treatise. The treatment contains nothing new and is given under the sub-headings "Hygienic, Dietetic and Medicinal."

MADNESS AND CRIME. By Clark Bell, Esq., ex-president of the N. Y. Medico Legal Society.

SHALL WE HANG THE INSANE WHO COMMIT HOMICIDES. By the same author.

These two papers, reprints from *The Medico Legal Journal*, should be read and studied by every member of the Legal and Medical professions, and they would not hurt an "intelligent jury."

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS—Hints on Diagnosis and Treatment. By Lionel S. Beale, M. D., F. R. S., F. R. P., etc. Philadelphia: P. Blakiston & Co., 1012 Walnut street. 1885. For sale by Redhead, Wellslager & Co., Des Moines, Ia. Cloth. \$1.75.

A valuable book, like all of this author's. In its contents it treats of Microscopical and Chemical Examinations, Urinary Deposits, Substances not Found in Healthy Urine, and Urinary

Calculi. By a careful study of the work one should learn to make a urinary analysis, and to diagnose many troubles that might be otherwise obscure.

HOMŒOPATHY and its relations to the germ theory. By Robert M. Zorker, M. D.

A vigorous attack upon the regular profession that contains a culling of all that can be appropriated. From a therapeutic standpoint it (the germ theory) is "a delusion and a snare." "It is a scientific system."

DUTY OF THE STATE TOWARDS THE MEDICAL PROFESSION. A reprint. An address delivered before the Alumni of the University of Michigan. By Conrad George, M. D., Ann Arbor, Mich.

This address was written and delivered in defense of the state support for the Medical Department of the University of Michigan. It reviews the services rendered to the state by the Medical profession, and indicates a necessity for state support and standard of education.

CHEMICAL STUDIES ON DISEASES OF THE EYE. By Dr. Ferdinand Von Arlt, Professor of Ophthalmology, Vienna. Translated by Lyman Ware, M. D., Chicago, and Published by P. Blakiston, Son & Co., Philadelphia. Price, \$2.50; 321 pages.

This work, treating as it does, of diseases of the conjunctiva, cornea sclerotic, iris, and ciliary bodies only, furnishes far more matter on these subjects than is usually contained in text books. The high standing of the author, and the clinical way he has written the pathology and treatment, makes it specially valuable to the general practitioner, both as a text book and reference. Unlike most of the books "written for the general practitioner" and the student, which contain only a synopsis of the etiology, pathology and treatment, making it difficult for the practitioner to determine much, if any, analogy between the written description and the clinic, this work does not attempt to cover more ground than to which it can do justice, while it contains that which is of the most value to the general practitioner. For sale by Redhead, Wellslager & Co., Des Moines, Ia.

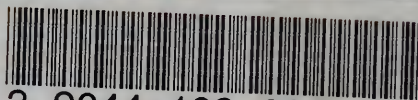








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